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Several current or recently completed projects and demonstration programs conducted by settlements and neighborhood centers, which service families, are reviewed. Included are three papers, four detailed accounts of specific programs, and brief reports of projects.

The major papers include the following: "The Multi-Problem Family: A Challenge to the Profession," by Marion K. Craine: "Some Theoretical and Methodological Problems in Serving the Multi-Problem Family," by Leonard Schneiderman; and "Research Opportunities for Neighborhood Centers and Other Agencies," by Joseph C. Lagey. The special programs or projects reports are: "Family Consultant Service in Syracuse Public Housing," by Janet E. Weinandy; "Helping the Poor Housekeeping Family in Public Housing - Friends Neighborhood Guide, Philadelphia," by Mildred W. Guinessy; "Guiding and Documenting the Work of United Neighborhood Houses Pre-teen Delinquency Prevention Project," by Goodwin P. Garfield; "Use of Volunteer Case Aides in Supportive Work with Families," by Patricia Murray; "Neighborhood Development - A Self-Help Developmental Program," by Marceleete H. Womack; and reports of projects in twelve individual neighborhood centers or settlement houses.

Reports on service to clientele and the organization of service to help families are discussed. A summary and an advance bibliography are included.

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CENTERS

FOR A NATION
OF NEIGHBORS

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NEIGHBORHOOD CENTERS SERVE THE TROUBLED FAMILY

Report of a conference held March, 1964, in Chicago, Illinois, sponsored by the National Federation of Settlements and Neighborhood Centers Training Center in cooperation with the Jane Addams Graduate School of Social Work, University of Illinois.

CONFERENCE LEADER
Professor Florence Poole
University of Illinois

CONFERENCE COORDINATOR
Marion K. Craine

DIRECTOR OF NFS TRAINING CENTER
Arthur Hillman, Ph.D.

National Federation of Settlements
Training Center
72 East 11th Street
Chicago, Illinois 60605

National Federation of Settlements
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TRAINING CENTER
Chicago, Illinois

CONFERENCE ON SERVICES TO FAMILIES

MARCH 5 - 7, 1964
Chicago, Illinois

Co-sponsored by the Jane Addams Graduate School of Social Work, University of Illinois.

PROGRAM

THURSDAY, MARCH 5

9:00 a.m. Welcome to the conference, introductions, announcements—Dr. Arthur Hillman, Director, NFS Training Center

9:15 - 10:00 a.m. Preview of Program and Plan of Work—Professor Florence Poole, Jane Addams Graduate School of Social Work, University of Illinois, Conference General Chairman

10:15 a.m. - 12:15 p.m. Case Reports—with factual questions

Mrs. Mildred Webb Guinessy, Executive Director, Delaware Valley Settlement Alliance, Philadelphia

Goodwin P. Garfield, Assistant Executive Director, United Neighborhood Houses, New York City

Patricia Murray, Case Worker, Baden Street Settlement, Rochester, N. Y.

Mrs. Janet Weinandy, reporting on Family Consultant Service in Public Housing, Syracuse, N. Y.

1:30 - 2:30 p.m. Informal reports and references to local programs by other participants:

Cincinnati Union Bethel Neighborhood Services, Cincinnati, Ohio—Howard C. McClary, Executive Director

A. Loring Nicollet Center, Minneapolis, Minnesota—Miss Courtney Bell

Christamore House, Indianapolis, Indiana—Mrs. Dorothy F. Unger

Community Services Center, United South End Settlements, Boston, Massachusetts—Miss Alison O. Marks

Edward F. Waite Neighborhood House, Minneapolis, Minnesota—Mrs. Karen Johnson

Germantown Settlement, Philadelphia, Pennsylvania—Samuel Branham

Hudson Guild, New York, New York—Mason Moton

Huntington Family Centers, Syracuse, New York—Paul K. Weinandy

Project on Family Urbanization, Association for Family Living, Chicago, Illinois—Mrs. Naomi L. Tillman

3:00 - 5:00 p.m. Paper and Discussion: Review of issues and problems—theoretical and practical—in efforts to help "multi-problem families"; including references to recent studies and to the case reports presented earlier—Dr. Leonard Schneiderman, Associate Professor, School of Social Work, Ohio State University, Columbus, Ohio

6:00 p.m. Dinner

Evening Will be spent working in small groups, drafting statements of what has been learned about problem families and methods of service. Topics and assignments to work groups will be announced. Resource People: Miss Poole, Miss

Craine, Dr. Schneiderman and Dr. Elisabeth C. Day, Field Secretary, National Federation of Settlements and Neighborhood Centers, will assist groups. (This work may be done at the Training Center office, where the library is available.)

FRIDAY, MARCH 6

9:00 a.m. - 12:00 noon Discussion and revision of draft statements prepared Thursday evening.

2:00 - 5:00 p.m. Discussion by groups: What more do we need to know? What new types of demonstrations are needed? What research or demonstrations need to be repeated?

Resource people:

Dr. Joseph C. Lagey, Head, Unit for Prevention and Reduction of Chronic Dependency, Welfare Administration, HEW; formerly Director of Research, Community Chest and Council of the Greater Vancouver Area, Vancouver, British Columbia.

Dr. Schneiderman

William H. Brueckner, Executive Director, Chicago Commons Association, Chicago, Illinois; panel member, President's Committee on Juvenile Delinquency and Youth Crime

SATURDAY, MARCH 7

9:00 - 10:45 a.m. Paper and discussion: Methodology of evaluation of family service demonstrations—Dr. Lagey

11:15 a.m. - 12:30 p.m. Summary and concluding statements by Miss Poole and other conference leaders.

INTRODUCTION

THE EMPHASIS IN THIS SHORT CONFERENCE, co-sponsored by the National Federation of Settlements and Neighborhood Centers, Training Center and the Jane Addams Graduate School of Social Work, University of Illinois, was to review a number of current or recently completed projects and demonstration programs in services to families carried on by settlements and neighborhood centers. Often, it will be noted, these were developed in cooperation with other social agencies, voluntary or tax-supported, or with community services such as schools, housing authorities, or departments of urban renewal. From this review it was expected that the participants would develop some judgments on what had been learned thus far, what kinds of programs merited replication or further demonstration, what obstacles had been encountered, and what research was needed in order to assess the effectiveness of these or similar efforts. Obviously, time precluded either inclusive or conclusive consideration of any of these objectives. Indeed, a repeated suggestion was that participants be re-assembled within three to six months when they would have time to digest the papers and discussions and return with more concrete ideas.

The conference was structured to include three papers by the resource staff, four rather detailed accounts of specific programs, and brief reports of projects by other participants. At times, discussion was by the total group; at other times, by two committees with assigned topics. The short advance bibliography had provided a common ground for thinking and discussion, but participants were so deeply immersed in their work that communication within the group was both free and viable even through the projects themselves were varied in purpose and method.

Most of the participants represented medium-sized cities; a few were from large cities. At first the latter tended to think that certain "big city" problems such as multiplicity and specialization of services, racial tensions, or mass unemployment might present special complications in work with families. Further discussion, however, seemed to suggest that although the pressures might be greater in large metropolitan areas, the same elements were found in all the communities represented. It was primarily a matter of degree.

Since the objective of a published report of the conference is to extend the learnings beyond the small group of invited participants, it was decided to include the formal papers in their entirety, to give a brief inventory of the other programs reported as illustrative of the wide range of undertakings by settlement and neighborhood centers, and to present a summary of the major points brought out in the discussion periods.

Conference participants are especially grateful to Arthur Hillman, Director of the National Federation of Settlements and Neighborhood Centers Training Center, for planning the program and making possible the opportunity for such a conference. Special appreciation is expressed to Miss Florence Poole, Professor of Social Work, Jane Addams Graduate School of Social Work, for so skillfully chairing the conference and for keeping it focused and on schedule. The resource staff were most generous and helpful in their contributions not only through their papers but also in their participation in group discussions.

MARION K. CRAINE,
Conference Coordinator

The Multi-Problem Family:

A Challenge to the Profession

MARION K. CRAINE

Formerly Secretary, Division on Family and Child Welfare, Welfare Council of Metropolitan Chicago, Illinois

IT IS A DISTINCT PLEASURE to be asked to participate in this conference for many reasons, not the least of which is that I shall learn from you much more than I can possibly bring to you. One only has to scan the professional literature and conference programs or sit down for a cup of coffee with colleagues to know how much concern there is within the profession about the multi-problem family or hard-core family or hard-to-reach family, whichever term you choose to use. But in many instances our concern is based on more or less academic knowledge because we have not been in positions or agencies that bring us into a direct working relationship with these families. Not so with you. Each of you has been engaged actively with seriously disadvantaged families and you are far more aware than I, and many other social workers I dare say, of the depth and complexity of the problems these families present and of the difficulties and obstacles encountered in successful work with them. I look forward eagerly to your reports and more particularly to your discussions, for this conference comes at a point in time when I suspect there will be increasing pressure upon the whole field of social work to commit more of its efforts toward a group of families who are of major concern to society. President Johnson's "War on Poverty" program is only the climax of a steadily developing conviction that concentrated attention must be directed to a segment of the population that for a variety of reasons, some of which are not at all clear, fail to meet the standards and demands of an urban, industrial society.

I do not equate the term "poverty" with "multi-problem," nor am I unaware that poverty, often in its rawest form, may be found in rural areas. But all of us here are from medium-sized to large cities. And we are deluding ourselves if we do not recognize that a higher proportion of multi-problem families are to be found among the poor than among the total population. The capacity to earn a decent living is no assurance that a family will shed its problems, but it most certainly removes one of the stresses that erodes human aspirations and energies. I believe that the Federal government's emphasis upon the poor family is in essence an emphasis upon the multi-problem family, and it constitutes a challenge to the total profession. What you have learned from your own work will have significance far beyond the few of us in this conference.

As a long-time staff member of a welfare council where one's job necessarily brings one into frequent contact with non-social workers, I feel confident in saying that for a decade or more citizens have been anxious to see social agencies of all types commit more of their resources and efforts to seriously disorganized families. I do not deny that the rising costs of welfare programs, particularly public assistance, are a factor in their alarm. Racial prejudice is in the picture. But these are not the only, perhaps not even the major reasons for public concern. It has been my experience that the family on public assistance, Negro or white, who functions fairly adequately is at least tolerated except by those extremists who view economic insecurity as a flaw in basic character or who cling to the notion that race per se is a deterrent to decent standards. What "bugs" the public, if I may use a slang expression, is the family who simply fails to meet even reasonably well standards, attitudes, or patterns of living that are accepted by the dominant society and that seem appropriate to modern urban life. These are regarded not only as a financial drain upon the community but as a serious threat to the peace, order, and well-being of the city now and in the future.

Most thoughtful people I have encountered will quickly concede that human problems are also to be found in families in the middle and upper social and economic levels of society. They know that these families need and profitably use the services of community health and welfare agencies. But such families are not the focal point of public concern nor does the public look with great favor upon the gospel of egalitarianism that has been espoused by many within the profession of social work. There is a sneaking suspicion that perhaps we have adopted this position either because we are unable or unwilling to deal with what is called the "nitty-gritty" problems of people. I prefer to think that this suspicion is, generally speaking, unfounded at least in terms of social work's willingness to attempt to deal with highly complex social problems. That we have much to learn about effective methods and techniques is all too obvious. But how does one learn unless one tries?

What does the public expect of us in terms of the multi-problem family? Some people, of course, are on the quest for the easy answer. They hope that we, or someone, will transform these seriously disadvantaged people into pillars of society—and the quicker the better. Others who are better informed or more realistic in their appraisal of the situation are not asking that we produce a magic formula, but rather that we invest heavily in trying to find effective ways and means of stemming the tide and particularly that the same social and economic problems and attitudes are not transmitted from one generation to the next.

This is a part—a good part, I think—of the unfortunate attack upon the public assistance agency. There is a persistent question as to whether that agency is seriously attempting to rehabilitate families, to up-grade their living standards, to modify their attitudes towards education, employment, or a dozen other things. It is self-evident to those of us within the profession that public agencies have rarely, if ever, had the funds to employ staff who have the time or professional skill to do much more than keep up with the bare essentials of checking eligibility and providing the necessities of life. The time to plan thoughtfully or execute carefully experimental efforts in rehabilitating families who have been caught in a miserable existence is at a premium in most public agencies. Frankly, my concern with the President's campaign against poverty is that it will produce a series of "crash" programs which will have neither the depth nor scope to effect substantial modifications in people who are at the bottom of the heap. Those of us within the profession know, too, that many of the human failures attributed to public assistance itself are clearly the product of the age and society in which we live. But our views are not, I am afraid, generally held, and at times the criticism of public assistance specifically and social work generally are hard to refute convincingly. We shall do so more effectively when agencies such as your own have developed a body of knowledge and experience which is relevant to the job.

And I believe we must not fail to involve ourselves quickly in trying to help solve these perplexing human problems. One only needs to read the daily papers to be aware that other related professions are actively engaged in plans and work with the multi-problem family. I welcome them and their contribution, but as a social worker I am firmly committed to the position that we have both the organization and the skill to play a central role in helping families attain their optimum potential. And if indeed we have drifted off into what seem to be greener or more attractive pastures, then we need to return to the fold before public confidence and public support is channeled elsewhere.

In September a conference of people engaged in child welfare research discussed the subject of separation of a child from his family for substitute care. The purpose of the conference was to assess the research under way and propose directions for future research on the subject. I had the opportunity to see a few of the papers and to hear second-hand some of the discussion. One paper and the discussion related to it seems appropriate to the theme of this conference. Alfred Kadushin of the University of Wisconsin observed in his paper that case workers tend to view parental inadequacy or failure as resulting primarily from an emotional pathology associated with the parents' own unsatisfactory developmental history. Passing mention may be made of environmental stresses in the family but usually these have a low credit rating in the eyes of the worker. He points out that the children at risk for placement are drawn heavily from the lower socio-economic classes where environmental or external pressures are very great indeed and often distinctly harmful to children and adults alike. He suspects that these stresses often are ignored by case workers because they are so totally unfamiliar with the world in which lower class families live. Thus, Kadushin says, the case worker may interpret a parent's request for placement as a rejection when in fact the parent is responding quite directly to his certain knowledge of the cruel and damaging environment in which he will have to rear his child.

Without detracting in the least from the importance of understanding thoroughly and treating the psychological problems of families, I sometimes wonder if the casework field at least has become so completely oriented to this phase of social work that it does not give sufficient attention to external stresses, perhaps even has difficulty in recognizing them. If true, it is unlikely that we will be notably effective with multi-problem families, most of whom live in a harsh world. There are, I understand, group workers who likewise would probe the psyche for the last bitter drop of pathology while ignoring the effects of crowded housing or malnutrition on the emotional equilibrium of an adult or child.

It is equally serious to ignore, or not recognize, the psychopathology found in so many hard-core families. For example, alcoholism or the extreme abuse or neglect of children should not be hastily attributed to social, economic, or cultural factors. Statistics on psychosis give ample evidence that mental illness is by no means a disease of the middle and upper classes. We need social workers who are wise enough to sort out and treat both internal and external stresses. And we need them particularly in working with multi-problem families.

Often agencies complain that they cannot recruit staff who are interested in working with multi-problem families, particularly those who are drawn from the lower classes. They say that our schools of social work place so much emphasis on psychotherapy that graduates will seek out only agencies which provide them with long-time treatment loads. Schools reply that agencies will employ only those students who have specialized in the treatment of psychological problems. This "chicken and egg argument" seems particularly inappropriate in the field of social work which, if it has one concept unique unto itself, is recognition of the intertwining and interpenetrating effects of environmental and emotional strains and the importance, indeed the necessity, of understanding and treating both.

One of the things neither the profession nor the general public has faced up to realistically is the expense of programs designed to help multi-problem families. It is one thing to want to do the job; it is quite another to say frankly it will be a costly program in terms of staff and resources, and be willing to go after the money. Just how expensive no one has estimated insofar as I know, but pressed as most agencies are with budget problems, many efforts probably have gone along on a shoestring. As I glanced over the Vancouver Council's report on *Community Treatment Programs for Multi-Problem Families* I was somewhat dismayed by the number of efforts, particularly those classified in the case conference category, which seemed to have dwindled off or been regarded as inconclusive in terms of results. But I suspect that in these case conferences too little staff time was allocated to make them effective coordinating devices. One saw distinct signs of under-budgeting in certain direct service programs reported in the same document.

I was struck, likewise, by the failure of agencies to provide for program research in many of the projects reported in the Vancouver study. Perhaps the omission was only another reflection of budget problems, but it may have been a failure in thoughtful planning of demonstration programs. I am not a research "buff" but I am mindful of the importance of being able to conclude a project that is presumed to advance knowledge with a pretty good assessment of how well its objectives were achieved, what obstacles were encountered, and some well documented judgments to transmit to the field.

Turning to another subject, thought needs to be given to a more effective organization or structure within a community to provide services to multi-problem families. There is, I am sure, no pattern which will serve equally well all communities, but I doubt that the fragmented, highly specialized, and unrelated services now common in most cities will prove effective in work with multi-problem families. Not only do these families need a multiplicity of resources at a given point in time, but they also need a continuum of services, reflecting the fact that their problems are deeprooted and are not responsive to one-shot or overnight treatment. Federations of agencies, multi-function agencies, or centralized housing of independent agencies in local communities all have their advocates and detractors. What seems fairly evident is that the success of any scheme is heavily dependent upon staff and boards having as their first commitment the needs of these people and an appreciation of the contribution of other services to the solution of their problems. Myopia is an occupational hazard in social work as well as in other professions.

Finally, I would like to suggest a few principles in social work that seem relevant to work with multi-problem families. They are neither new nor glamorous. In fact, they are time-tested and may require of us a degree of self-discipline in practice simply because they do lack the lure of the new and different:

1. *We take the client where he is and with the problems that seem most urgent to him even though our professional judgment tells us that more fundamental problems are at stake.*
2. *We accept limited goals temporarily and in some cases permanently, but we do not discount the importance of small gains nor the possibility of building on them.*
3. *We search out strengths and cultivate these creatively in treatment plans.*
4. *We identify and thoroughly explore external and internal stresses, recognize their inter-relationship, and regard each as worthy of our best treatment skills.*
5. *We go far beyond the proverbial second mile in seeking to capture and retain the client's confidence in us as individuals and as representatives of a humane society which is truly concerned with his well-being.*
6. *We are readily available in periods of crises and emergencies even if between times we are pointedly ignored.*
7. *We see the family as a unit, knowing that what happens to one member has its effect upon all.*

8. *We accord these people the simple courtesy and respect that is their right but that few have experienced in the world in which they move.*

As you participate in this conference and then return to your jobs I hope you will keep in mind that you are in the vanguard of work that eventually must be shared by all agencies. I can think of no group of agencies which is better prepared to take the lead. Traditionally settlements and neighborhood houses have worked in communities that are disadvantaged from every point of view. You know their residents, their world, their problems and how they try to meet them. When I read Kadushin's paper long before I knew of the plans for this conference, I thought to myself that the most fruitful setting for experimental and demonstration programs with multi-problem families was in neighborhood-based agencies such as your own and for the reasons I have just mentioned. It is why I am delighted to have the opportunity to be a part of the conference for I, too, have come to learn more about the job that is ahead for our profession.

Some Theoretical and Methodological Problems in Serving the Multi-Problem Family

LEONARD SCHNEIDERMAN, Ph.D.

Associate Professor, School of Social Work, Ohio State University

THE PROBLEMS WHICH ENTER the community's social service orbit may be viewed from at least three vantage points: from the vantage point of the supporting community; from the vantage point of the social agency and its staff, and from the vantage point of the client group itself. Quite obviously, such important matters as definition of the nature of the problem, definition of the goals to be attained, measurement of movement and progress toward those goals, are directly related to which of the several vantage points we employ. To a degree the several vantage points overlap. Community concern, the concern of the profession, and the concern of clients can and do come together as a focal point for service programs. However, this is not necessarily the case. It is quite possible that perspectives from the several vantage points differ considerably. Since social work practice is undertaken with, and not directed at people, it is vitally important in any consideration of problems in social functioning that we know and understand the client's own view of his problem.

A good deal of material has been written about the multi-problem family which tends to lump these several vantage points together. The Community Research Associates of New York, for example, are widely recognized as having focused attention on the multi-problem family. In their work it is important to recall that the concept of a hard-core family represents a view of these families as experienced by the community. It is the community that has the hard-core and not the family. Such description is of only marginal utility as the basis for a system of clinical classification. It fails to portray in any way how the client experiences his own situation. In this sense, it bears more resemblance to a classification of offences than to a classification of clinical disorders. I will have occasion throughout this paper to refer to and to differentiate between these several vantage points.

The theoretical and methodological problems involved in serving the multi-problem family are many and great. In order to make possible some systematic discussion of the topic I have divided this presentation into three parts:

I. *The Concept of the Multi-Agency Client;*
II. *The Concept of Intensive Family Centered Service; and*
III. *The Concept of the Poor, or Culturally Deprived Family.*

I. *The Concept of the Multi-Agency Client*

The social welfare enterprise in the United States has developed largely on the basis of categorical services to special groups. As new areas of need have been identified, new programs have been devised to meet those needs. The result is a complex of individual or semi-autonomous agencies offering services in different problem areas and presumably to different population groups.

Evidence of the inadequacies which such piecemeal approach to the development of health and welfare services can generate is well documented in the literature.[1] Suffice it to say that such a plan works well so long as individuals and families are fortunate enough, or perhaps cooperative enough to have only one problem at any one point in time. The unfortunate fact of life, however, is that many families do not have one problem at a time. They have multiple problems in multiple areas which qualify them for service at virtually every one of a community's health and welfare agencies. In the St. Paul Family Centered Project, for example, the average number of agency registrations for each multi-problem family was 13.2. The range was from three to 34 different agency registrations.[2] When the family belongs to virtually every agency in the community, it often means that it is effectively served by no agency. The most needful families are often the community's least adequately served. The central problem which social planners face is that of preventing the community's most needful families from falling into the spaces left by agency autonomy. The problem of how to get such families off the hook of a destructive game of agency musical chairs is central to the issue of serving such families.

The necessity of doing this is underscored by what we know of human behavior and personality theory. Often the parent in a multi-problem family finds himself confronted by the multiple stresses and demands of an overwhelming reality situation. He may lack the social skill and ego capacity necessary to accurately perceive and to integrate for action the multiple external and internal stresses which impinge upon him. Such clients are often described as weak, or inadequate. The weakness or inadequacy referred to is in ego capacity, the capacity to accurately perceive and integrate for action multiple internal and external demands. It is ludicrous in such a situation to substitute a different agency or service for each stress or group of stresses impinging upon the client's life and to expect such a client to effectively integrate into his life experience the services of a score of different agencies and their individual representatives. This is comparable to asking a man with a broken leg to walk into surgery for treatment.

What has become quite clear is that some form of agency group practice is urgently required, some plan by which the community takes the responsibility for integrating its several service programs on behalf of individual families. While many agencies can and do serve a family at one time, it is clear that only one helping person can assume responsibility for assisting the family and its members with integrative functions.

This recognition is an important first step in work with the multi-agency family. There is need for agency group practice, for some cooperative arrangement by which agencies may work together as a group in behalf of single families. It is important to recall that the quality of being a multi-agency family is as descriptive of the community and its pattern of services as it is descriptive of factors intrinsic to the life of the family itself.

For those of you who have experimented with such cooperative effort, you know that such an enterprise, once begun, often substitutes one set of problems for another. Such a group of agencies or agency representatives, when called together, has all of the characteristics of any other functioning group. Group activity, capacity to achieve a designated task, is influenced by a variety of rational and irrational factors which can seriously affect the group's capacity to function. Experience has demonstrated clearly that the attitudes and the feelings of participants in such an enterprise play a key role in determining the success of interagency cooperation; that each agency representative must feel secure enough in his or her own role, and in the role which the represented agency is to play, in order to work comfortably with others. There is need in such an enterprise for the welfare of the family to be the central concern. In such a group enterprise there is a special role and a special contribution that can be made by professionals who understand factors operating in such a group process and who are willing to apply that understanding objectively to their own participation and involvement in the group.

A discussion of some of the elements of group process may be helpful in illustrating this point. The process of group formation, the process of determining group goals, offer useful examples.

What is the process by which a plan for agency group practice is set in motion? How are group goals determined? Are they cast in terms of the community, agency, or client views of the problems to be solved? Has this group effort been launched in response to the misery of the families themselves, the suffering and wasted human resources which characterize their life situation; by community concern over the cost in dollars which these families represent to the community; by the fear of injury to persons and property resulting from the asocial behavior of members of multi-problem families?

In order for effective communication to take place in a group enterprise, participants must be directed by comparable definitions of the problem to be solved as well as by similar definitions of the goals to be attained. Disparities in definition of the problem to be solved and in definition of the goal to be attained are bound to impair communication and effective cooperative intervention.

How is membership in such a group enterprise determined? Who is it who comes together to coordinate agency programs of service? Are they the president or representatives of the boards of directors who set policy? Are they the executive directors of the several agencies, the supervisors or workers who will actually be carrying the caseload? What is the respective involvement of each in the total plan?

What structure is evolved by the group for its ongoing functioning? Does the agency group plan include individual study of individual cases and an effort to supervise or direct the actual rendering of services by individual agency practitioners, or does the group operate at the level of broad policy? Does the group have authority, for example, to spend precious agency dollars, commensurate with its case responsibilities?

The motivations which individuals may have in becoming members of the group may fall into several categories. The group may have certain overt and conscious goals; for example, to enhance the welfare of particular families within the community. On the other hand, there may be implicit or unavowed goals within the group, such as the desire to protect the status or position of particular agencies against undesirable group decisions, to protect the best interests of their agency against intrusion by a new and unknown area of community cooperation and activity.

Another component of the group process is that of the status or ranking of its members. This is a process of evaluation by which each individual is assigned a particular place on a collective scale. Various factors may influence the ranking process, such as the particular agency that the participant represents, the intensity of participant competitiveness, as well as the impact on the ranking process of the values and ideological conflicts and uncertainties of the surrounding professional community.

Some of the value conflicts operating in the professional social work community deserve some special attention in this context.

Conflict in the area of basic ideological commitment will affect group practice among agencies. Some significant points of ideological conflict within social work have been identified by Cloward.[3] There is within contemporary social work a view which asserts that need be the only basis of eligibility for social service; that all applicants be treated equally, regardless of background, where problems in social functioning are concerned. Such a philosophy has replaced an earlier view which asserted a special commitment for the social work profession to serve the poor and disadvantaged, those who because of their alienation from the main stream of the social, economic, and political life of the community were the least able to help themselves. The present view denies any special commitment on the part of the profession to serve the poor or the deprived or the impoverished in the face of a competing need by anyone regardless of personal or financial resources. Obviously the range of commitment to such a value of egalitarianism in service is not uniform in our profession. To the extent that participants in an agency group process feel differently committed, to that extent is their own participation and the commitment of their agency resources to the group process likely to be affected.

The status of a profession is to an important extent a function of the status of its clientele. This is equally true of the status of practitioners within that profession. Greater status seems to accrue to the worker, or to the agency, serving a predominantly middle or upper class clientele. The status of the public welfare worker is only slightly above that of his client. That this is so is documented clearly by the attitudes of legislators who make appropriations for public welfare administration in a way identical to their granting of funds for direct relief purposes. These pressures have led to a considerable distinction, within professional social work, between those who are employed in public as opposed to private settings, those who are employed in "counselling" or "treatment" settings as opposed to settings concentrating on concrete services.[4] A status and prestige hierarchy among workers employed in the several settings has emerged within our field. In the social worker's quest for professional status there appears to be an accompanying quest for a higher class clientele with the danger that services to the poor may be sacrificed in the process.[5] To the extent that agency group practice involves all of the agencies in the health and welfare community, this stratification factor in determining the relative status and prestige of professionals in the community will operate and superimpose upon the group a ranking pattern which is non-functional to the task to be accomplished.

These ideological conflicts may be described in another way. There is, within the community, an imbalance between the demand for social services and the supply of such services. When supply and demand are out of balance in the market place, price is raised to re-establish balance. When the commodity is social service, however, this technique for balancing supply and demand is not applicable. Instead, there is an inclination to bring supply and demand into balance through specialization. Indeed, this is often expressed in the form of the need to differentiate between types of cases in order to determine "which are the best service risks." There is need in such an enterprise to examine the basis on which specialization takes place. Is it in the direction of serving those for whom existing methods are most appropriate? Is it in the direction of choosing a clientele which most nearly meets the status and prestige needs of the practitioner? Or is it in the direction of the priority social welfare concerns of the community, in the direction of the community's priority target population? Obviously, the direction of specialization, the definition of the profession's priority service commitment, is fundamental to any decision concerning the use of its manpower and financial resources.

In this regard it is important to recall that the dominant model of professional acticity in social work involves the components of a social worker sitting in the privacy of his office involved in a carefully controlled use of himself while wandering through the labyrinth of the client's intra-psychic life, using body talk and word talk to resolve problems that his clients may bring. The notion is that between the client and the worker, or in the group situation between the group worker and the members of his group, there exists the necessary raw material for change and for problem resolution. Agencies and workers involved in providing primarily concrete services are less valued in such a context. Services in reality-centered areas, such as housing, employment, health, legal aid, rehabilitation, old age, etc., are not viewed in this context as "high status" services. Since this is frequently the kind of service most needed by the multi-problem family, the responsibility for serving such families often falls to the youngest, least experienced, least educated, lowest status, members of the agency's staff when the complexities of their needs require the opposite.

This discussion of the multi-agency family is not intended to provide an analysis of the application of small group theory to agency group practice. It is intended, however, to illustrate some of what is involved in the administration of such a program—to suggest why, when a meeting is held to consider joint agency effort, it may be attended by the youngest member of the staff of one agency, with little or no experience, and by the supervisor of casework or the executive director of a second agency, and how their respective representation may carry with it implications, not only for the local community but for the entire profession of social work—implications which have to be made explicit and carefully examined if the group process is to succeed.

II. *The Concept of Intensive, Family-Centered Service*

Lagey and Ayres found, in their survey of multi-problem family research and demonstration projects in North American communities of 100,000 and over, that the intensive casework approach was very popular, accounting for 38 per cent of all such projects.[6]

Schlesinger, addressing himself to this point, suggests that,

> *This confirms our general assumption that the main impetus to change has been the recognition on the part of caseworkers that intensive, family centered work using aggressive or reaching out techniques and focused on improvement in social functioning and relationships, both within the family and within the community agencies, offers the most promising opportunity for change.*[7]

This statement is both a tribute to the great expectations held out for intensive, family centered casework, and at the same time it is a serious indictment of the project efforts made to date.

I could not read Schlesinger's review and annotated bibliography without feeling disturbed by the essentially "conservative" definitions of the problems of multi-problem families which one finds there.[8] Again and again, one finds the overriding assumption that the widely reported problems of the multi-problem family are the result of individual and family pathology and maladjustment with the accompanying assumption that it is the mission of social work, through better administrative arrangements and through more sophisticated treatment techniques, to better adjust people to their reality. Rarely did I find a project predicated on the assumption that it was the social reality in which people live that is pathological; that one might rightly expect healthy people to be maladjusted to a pathological reality. There are some realities to which people should not be well adjusted. The realities of inadequate relief budgets, of life in the slums, of inadequate food, of inadequate opportunity for the maintenance of personal care, of physical and mental health, are such examples. One finds, rather, in the projects reported by Schlesinger, a somewhat one-sided definition of the problem confronted. The assumption that the problem is people and not institutions tends to protect and reinforce the status quo with respect to existing social and economic arrangements.[9] Schlesinger reports, for example, that during the last decade in Great Britain emphasis has shifted from efforts to explain the difficulties of the multi-problem family and its members in terms of intelligence toward factors of personality.

> *In place of the old explanation of an identifiable "social problem group," the inability of the multi-problem family to cope with its environment and to make use of social services is now attributed to the immature emotional development of one or both of the spouses. This approach owes much to social work and particularly to social casework.*[10]

This is a statement about which we may have questionable pride.

Turning to the writings of the American family sociologist Reuben Hill, Schlesinger quotes,

> *Problem families become not so much victims of a poor distributive order as aggregates of neurotic or psychopathic individuals. More recently the work of the Community Research Associates with problem families emphasizes the importance of distortions of the marital axis, the incompatible combinations of personalities which make for a divided and incompetent family headship.*[11]

Reporting on a case study from Belgium, Schlesinger draws attention

> *to the fact that the problem family corresponds in our society to a kind of socio-cultural, underdevelopment which has the following characteristics: low material standards of living in respect to housing, feeding, property and rules of cleanliness; a high proportion of illiterate children; very large size families; a low level of aspiration and absence of a sense of ambition, and a fatalistic attitude to life. The basic cause of these characteristics may be attributed to a serious state of intellectual and emotional immaturity.*[12]

In Schlesinger's own summary on "Social Functioning and Personality," he states the following:

> *The family is analyzed in terms of its adequacy in the various areas of its functioning and in terms of the consequences of malfunctioning. A healthy family could be described as one where the instrumental functions of providing food, clothing and shelter, and its expressive functions of meeting the emotional needs of the children are adequately fulfilled and where the family relationship to the outside community is at best productive and cooperative, or at least neutral. However, when the instrumental and expressive functions of the parents break down, and when relationships to the community give rise to conflict, exploitation and chronic dependency, we consider the family to be pathological. Its behavior as a whole has destructive consequences to its members and to society. Its pathology grows from the way in*

> *which the family malfunctions; that is, from its way of coping or problem-solving, from the way in which the members interact, and particularly from the way in which the parents rear their children. The pathological family type takes on its character from the personality types of its members, particularly from one or both parents.*
>
> *Such an approach to the multi-problem family clearly requires a well organized classification of pathological types of families in which the various kinds of malfunctioning are related to different types of personality in the family, but especially in the spouses.*[13]

It is upsetting, to say the least, how frequently, how regularly, is the factor of the social reality in which the family lives, its inadequacies, its pathology, and the stresses which it imposes upon the family and its members omitted from such discussion.

Schlesinger tells us there is general agreement that intensive family-centered casework, using more aggressive and less conventional methods than were utilized in the past, constitutes a "fruitful approach to treatment." As a teacher of social casework myself, it is difficult for me to take strong issue with such a statement. It is vitally important, however, that we remember that aggressiveness, in aggressive social work, is directed not against people but against their problems, and that those problems are often complex and reality centered. It is vital that we remember that social functioning is not an intrinsic property of a person alone, but the product of an interaction between a person and a particular situation. It is important that we remember that disequilibrium in this interaction between person and situation can be approached either by enhancing the individual's capacity to cope with or adjust to his reality or by modifying the nature of the reality itself, both in terms of the stresses which it generates and the opportunities which it provides. It is vitally important to remember that each case, each unit of service in any agency is not only an opportunity to serve but an opportunity to measure the adequacy of existing policies and programs in a community. Every case is a window onto the reality of a population group as well as a unique constellation of persons. At the end of each year the annual report of an agency might well contain not only the numbers of cases or groups served, but the number of cases prepared to document the present adequacy or inadequacy of existing policies and programs together with a note which indicates the willingness of the client, of the worker, of the agency executive, of the president of the board of directors to present and to discuss such material before appropriate legislative and fund allocating bodies.

Family-centered treatment is often mistakenly thought of as a way of doing something as opposed to a way of thinking. There is, at times, the mistaken assumption that unless the practitioner is seeing several members of the family at one time that he is therefore not doing family-centered casework. This is incorrect. The basic assumption in family-centered treatment is that people cannot be separated from the situations into which their personality functions are integrated. This is now the central assumption of all social work. Family-centeredness, as a distinctive social work approach, is out of date and primarily of historical importance. All social workers are united in their professional charge to enhance the social functioning of individuals, groups, and communities. By social functioning we mean those social roles which the individual carries by virtue of his membership in groups. The emphasis on family centeredness is a rightful tribute to the central importance of the family among groups in which people are meaningfully involved. However, there are many people who have no family to be a part of, and for them the alternative to family-centered treatment is not therapy in the old individual-centered style, which assumed that all problems in social functioning were the result of pathologies or maladjustments intrinsic to the person. One could equally well talk of work-centered social work, recreation-centered social work, church-centered social work, or merely of situation-centered social work, of social work centered in any of a variety of situations which people share by virtue of their common membership in groups.

I would like now to pursue the third, and the very much related subject, that having to do with the fact that many of the multi-problem families about whom we are concerned are poor people—people who live at the level of deprivation, if not sheer poverty, and to explore the consequences of this fact for our programs of service.

III. *The Concept of the Poor, or Culturally Deprived Family*

There is evidence that in our present social welfare enterprise the lowest social class, the impoverished, those who live in the economic cellar of the community, are the least adequately served; that to an alarming extent the impoverished are considered as poor service risks in programs presumably set up to meet their needs; that the poor are not competing successfully with their middle class or working class neighbors for the attention of social workers and other professional helpers; that money raised in the name of the poor often does not reach them in the form of effective services.

Cloward has described what he regards as a "general disengagement from the poor by private social agencies."[14] Citing the study on *Patterns in The Use of Family Service Agencies*, recently completed by the Family Service Association of America, Cloward points out that the income distribution of Family Service clients served during the study period of 1960-61 was roughly parallel to that of the general population. Only seven per cent of F.S.A.A. cases were receiving public financial aid. Agency clients were better educated than the general population and much better educated than the estimated average for the lowest class of impoverished persons. (The average F.S.A.A. client had education slightly in excess of high school graduation.)

The data reported in this study dramatize the meaning of egalitarianism; they do not suggest any service preference or priority given to individuals and families at the lowest rung of the social class ladder. Furthermore, using information on income, education, and occupation to classify the clients by social class, the study reports a disproportionate number of low class families terminated after one interview. A client from a low class status had only three chances in ten of continuing service while a middle class client had six chances in ten to obtain a continuing service. Further, the study showed clearly that social worker initiated termination of service, as opposed to client initiated termination, increased sharply as social class declined.

Evidence for the Cloward statement concerning the general disengagement from services to the poor is not confined to private social agencies. Indeed, he reports similar findings from public, tax supported agencies where the commitment to equity in service is not only morally but legally binding. At the Institute for Juvenile Research in Chicago, for example, persons classified at the high social class level constituted something less than 30 per cent of all intake, but just under 50 per cent of all continuing service cases. Persons at the lowest social class level represented something under 40 per cent of all intake, but only 25 per cent of the ongoing treatment load.

The significance of social class to diagnostic and treatment decisions made in a psychiatric setting is clearly documented in the Hollingshead and Redlich study.[15] These investigators found that social class position was more highly correlated with acceptance and rejection for treatment, with the choice of the specific treatment offered, and with the duration of treatment, than was the clinical diagnosis. Lowest class patients were more likely to receive an organic therapy, such as electric or insulin shock and chemotherapy, than were middle and upper class patients with the same clinical disorder. The "talking" therapies, which may be regarded as the treatment of choice for certain disorders, were relatively less frequent among the lowest class.

Practitioners from any one or all of the several disciplines involved may object to such critical evaluation of the continuance and discontinuance experience of single agencies. One may rightly argue that it is not possible to evaluate the intake experience of one agency in isolation, but rather intake experience must be seen in the context of the total health and welfare community and of the differential function of all agencies within that community. This argument suggests that a coordinated and integrated health and welfare program exists in which the community has determined the differential function of each agency. This argument would account for the statistics reported by F.S.A.A. agencies, for example, on the basis of termination by social workers at intake in the form of a referral of the low class client to a more appropriate service facility. Unfortunately, social agencies are more often clear about why they cannot serve such a family than they are about who should. The referral is too often used as a device for avoiding the bad feeling of the client which might result from frank rejection. The argument which suggests that the figures on continuance and discontinuance rates reported above may be explained in terms of the careful and deliberate referral of impoverished families to other more appropriate resources fails to be acceptable on at least one other score as well.

The poor family (for example, the one that can qualify for public financial assistance) is most often referred to the public assistance agency for financial and other social services. It is well known that such families present very complex problems in family functioning and have a high incidence of problems about which the community is vitally concerned and toward solution of which it is annually solicited for funds. For example, the incidence of illegitimacy, delinquency, mental illness, school dropout, divorce, separation, child dependency and neglect are higher in this population group than in the general population.

If, indeed, any agency has determined, as a matter of policy, not to serve families eligible for public assistance, then that agency should clearly announce that policy to the community, especially during the heightened public relations activity which characterizes fund raising campaigns. It is important to call a policy a policy and not have agencies, which in fact serve a middle and working class clientele, speak in the name of the impoverished and raise money in their name. Cloward points out quite correctly that the present state of affairs generates "in the minds of many people the illusion that these agencies give service to the poor. The illusion of service has disastrous consequences for low income people. Since they are hardly being served at all, let alone being served effectively, their problems often persist or worsen, with the result that rates of deviance mount; and since the social welfare system, in the public mind, exists to serve the poor, the disadvantaged, and the disenfranchised, mounting rates of deviance among these groups, despite the outpouring of money ostensibly intended to aid them, may lead the public to question the efficacy of social services. Indeed, the illusion that the poor are being served may boomerang, jeopardizing the maintenance of the social welfare enterprise itself. The public may then call for punitive and repressive measures for how else can the stubbornly, intractable poor be contained? Thus the poor may be victimized unintentionally by institutional systems ostensibly organized to promote their well being."[16]

How is All This to be Explained?

Obviously, no policy exists in any social agency setting to deliberately discriminate against the poor. Treatment decisions are based upon careful case study and diagnosis. If we are to understand and to explain case disposition and treatment decisions made, we must look at diagnosis and the diagnostic criteria employed. How do the chronically impoverished appear in this diagnostic process?

1. *The lower-lower class have little interest in education and believe that money is to be spent and not saved.*[17]
2. *The lower-lower class have a bad reputation among those who are socially above them; they are lazy, shiftless, and won't work.*[18]
3. *The lower-lower class have distinctive patterns of speech, dress, marriage, and family life. The father is often an unstable, undependable, or absent family member.*[19]
4. *The poor are generally seen as unmotivated for service and lacking awareness of their problems and the way in which such professional help can be utilized. They want to talk about concrete problems.*[20]
5. *The poor seem to hold "unrealistic expectations" and to make "inappropriate requests" for service. They are unable to understand differences in agency policy and program.*[21]
6. *The poor tend to relate problems to external causes, to outside forces and pressures, in the face of which they feel relatively helpless. They project!*[22]
7. *The poor use different rules for ordering speech and thought. The poor, uneducated man describes the per-*

> *sonal and material world narrowly, through his own eyes, as it enters and leaves his field of perception. He is likely to locate himself clearly in time and space and give all descriptions in the first person with himself at the center. Persons and events tend to be viewed primarily in terms of the self with little capacity to perceive the self objectively as an interacting part of a total situation or to view the situation from a reference point different from his own.*[23]
>
> 8. *The poor and uneducated are likely to be insensitive to differences in background experience between themselves and the listener and to consequently use first names, personal pronouns, without clear referents. Their point of departure is always personal. The context in which they speak is clear to them but not to the listener. The integrating theme or organizing idea is often difficult to define, resulting in apparently dissociated comments which may leave the listener wondering about what is going on. This produces many questions in an effort to achieve organization. Such constant questioning can and does distort response, sidetrack communication, shatter rapport in the sense that the question represents a repeated statement by the listener of no understanding.*[24]

The literature of social science is full of other characteristics which might be mentioned. The central issue before us is how we are to evaluate such observation. If we plug these observations into a theoretical system based primarily on psychoanalytic theory we may easily come up with evidence of psychopathology and a picture which differs radically from our image of an "ideal client." When behaviors such as apparent projection, substitution of activity, for anxiety, magic thinking, isolation, and acting out are prominent, we may easily conclude that the client has one or another kind of character disorder and that he represents a poor or limited treatment risk. Schlesinger reports,

> *The two main personality types emerging from a survey of the literature may be described as type 1, "emotionally im-*

> *mature," "passive dependent personality" alias "oral dependent character," and type 2, "anti-social personality" alias "psychopathic personality," alias "sociopathic personality."*[25]

Have we discriminated against any social class in making such a diagnostic appraisal?

There is substantial evidence to indicate that clinical judgment is heavily infused with middle class bias; that diagnostic criteria have their source as much in cultural tradition as in science; that such behavior as planning ahead or being deliberate is drawn largely from middle class society's accumulation of folk wisdom about problem solving. It may be that the value placed on such prescription is simply a bit of folklore from the Protestant Ethic. For the chronically impoverished client, consideration of the long range results of his action may be irrelevant and even incapacitating.[26]

A different assessment of the same data is possible, an assessment which views these characteristics of the poor not as indicative of psychopathology or maladjustment or weakness or disorganization but rather of relative success in adapting to a reality so completely impoverished in resources and opportunities, so qualitatively different from that of their middle class neighbors, as to necessitate special adaptive patterns for sheer survival.

Obviously, the two positions lead to quite different consequences for professional practitioners who feel committed to serve the poor. It may make a difference, after all, in our assessment of client capacity and of our ability to help if we view client social functioning as characterized by weak and inadequate adaptive and problem-solving capacity or as characterized by effective adaptive capacity and problem solving in a completely degrading and inhuman situation. It may make a difference if we assess client capacity against middle class standards of adequacy or against the requirements for daily survival in poverty. The capacity of the chronically impoverished client to learn a middle class life style as a result of intensive therapy may, indeed, be limited or nonexistent. If it is the intent of our diagnostic procedures to assess this capacity, then they are indeed correct in registering pessimism about client treatability. There is grounds for serious doubt, however, that this is the appropriate question to be put by our diagnostic procedures, and to question whether such recruitment into a middle class life style is, in fact, the legitimate goal of therapy for such a client. One would expect rather that the legitimate goal for social services with such a client is the enhancement of his social functioning within the limits and requirements of his reality. This, of course, does not mean that the goal of social service is simply to adjust people to reality. There are some realities to which no one ought to be permanently well adjusted. Reality, its demands and expectations, its resources and opportunities and how they may be enhanced is, however, a good place to begin.

One practical consequence of our primary reliance upon psychoanalytic theory to evaluate such behavior is our perception of recipients of service as individual family case units without seeing also that such impoverished families are also representatives of a community of persons sharing many common life problems and problem-solving methods. Our case unit perception, as opposed to a group-community perception, has tended to emphasize the unique features of each case rather than the common lot, the common experience, the shared life style of a large and growing community of persons who live in the economic cellar of the community. Our inclination to do this, I believe, reflects the inclination of society, and in part of the profession, to see dependency primarily as a matter of individual responsibility and blame. No matter how the matter is rationalized in social,,psychological, and organic terms, there is a clear suggestion of individual maladjustment, individual pathology, individual deficiency, individual blame and responsibility in this approach.

An altered view of such families, a perception of them as a community of persons rather than as case units alone, would still permit a personalized approach to individuals. It has the virtue however, of offering a conceptualization within which it is possible to use the additional dimension of the group, of client to client and community to client relationships in order to bring about change and social improvement. A community or group view of those who are recipients of financial aid makes it possible to enlist the power latent in group formation itself to expand the well being of its members.

A case unit approach tends to view the problem as largely the responsibility of each family. A group or community approach conceptualizes the problems in such a way as to make possible a deliberate approach to facilitating the emergence of indigenous leadership from the group. It seems clear that the poor are without significant voice in the community's social and political affairs and that they are without a sufficient sense of their own power, their own size, the commonality of their experience. A community or group view of the recipients of public financial aid offers at least the potentiality that the group can generate its own leadership, its own voice, and its own participation in community affairs. These recipients are, after all, citizen-recipients of public aid. There is need to tap the group's own capacity for self-help and self-improvement. Our present perception of these recipients as individual case units presents an overwhelmingly complex series of individual maladjustments and individual problems standing in need of ever more intense service from ever more professionally trained practitioners. The numbers are overwhelming, the cost staggering, the prospect of intensive individualized service unlikely. It makes sense that in addition to the individualized approach, which has proven value, that a method of intervention be conceptualized which enlists the group's own capacity for self-help and self-improvement.

As important and as vital as are the problems of methodology, it is crucial to recognize that methodological sophistication can never substitute for or precede ideological clarity. Too frequently we become preoccupied with issues of method when, in fact, the real issues center upon a lack of such ideological clarity. What in fact is social work's primary target population? Is the dominant philosophy within the social work profession one based upon egalitarian notions of equal service and availability to all parts of our population, or does the social work profession have a special commitment to the most deprived, to the most alienated from the social and political institutions of our community? Do we have a special service obligation to the poor? The coordination of agency services in behalf of the impoverished multi-problem family is impossible if our profession is unclear about its commitment. It is difficult for us to be equally committed to multiple targets and to have a basis for assigning priorities. Both in terms of our historical tradition and in terms of the concept of our function held by the supporting community, it seems to me that social work is specially committed to serve the poor and the disadvantaged. The need for clarity on this point is a prerequisite to any effectively coordinated service program.

There has been, especially since the Second World War, a quest for professional status within social work. It is clear that the status of a profession is influenced by the status and prestige of its clientele. Cloward has noted the danger that in our quest for professional status we may be willing to sacrifice services to the poor. An examination of trends in characteristics of clients served, of biases contained in "clinical" judgments, substantiates the essential accuracy of this observation. Can there be any real doubt that such a price for professional status and prestige is too big a price to pay?

There exists also a question of the relative status, within the technology of our profession, of treatment models drawn from psychoanalytic method and those drawn from more traditional social work methods of environmental manipulation and intervention through concrete services. The profession must face the basic issue of whether we are committed to specific high status treatment models, whether we are committed to traditional methods, whether we draw our service population from those who can best use what we now are able to offer, or whether our commitment is to people, to populations, poor and deprived, for whom, if our methods are inappropriate they must be rejected and new methods, new innovations, new techniques developed. This is a means-ends conflict of no simple proportions.

Our failure with the multi-problem family, our failure to treat the "untreatable," is as much a tribute to the present inadequacy of our technology as it is a commentary on the attributes of individuals and families. There seems little doubt that in the face of such failure the appropriate stance for the profession is not to reject target populations but rather to modify, innovate, and to invent new methods to achieve our service responsibilities to the desperately needy individuals and families in our community. None of this will, of course, be possible unless we are clear ideologically about our goals and purposes, about our identity as a profession, about our reason for existence, about our priorities in a very complex, rapidly changing society that offers a multitude of challenges to a viable social work profession.

FOOTNOTES

[1] B. Schlesinger, *The Multi-Problem Family: A Review and Annotated Bibliography* (Toronto: University of Toronto Press, 1963).

[2] L. Geisman and B. Ayres, *Families in Trouble* (St. Paul, Minnesota: Family Centered Project, Community Chest and Councils of St. Paul, Minnesota, 1956).

[3] R. Cloward, "Social Class and Private Social Agencies," *Proceedings* (New York: Council on Social Work Education, 1963).

[4] *Ibid.*

[5] *Ibid.*

[6] J. C. Lagey and B. Ayres, *Community Treatment Programs for Multi-Problem Families* (Vancouver, British Columbia: Research Department, Community Chests and Councils, Greater Vancouver Area, December 1962).

[7] Schlesinger, *op. cit.*

[8] For discussion of term "conservative" see Cloward, *op. cit.*

[9] Cloward, *op. cit.*

[10] Schlesinger, *op. cit.*

[11] *Ibid.*

[12] *Ibid.*

[13] *Ibid.*

[14] Cloward, *op. cit.*

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Research Opportunities for Neighborhood Centers and Other Agencies

JOSEPH C. LAGEY, Ph.D.

*Head, Unit for Prevention and Reduction of Chronic Dependency, Welfare Administration, Department of Health, Education, and Welfare, Washington, D. C.**

IN TODAY'S RAPIDLY CHANGING WORLD there is growing awareness and concern that many of our helping services can become outmoded or disengaged from the needs and problems of the day. Agencies grow old, too, but seldom fade away. How do agencies remain viable and dynamic in order to contend with school dropouts, multi-problem families, minority group problems, delinquency, dependency, unemployment, and all the other ills that assail the inner core or grey areas of our great cities?

Dr. Ellen Winston, the Commissioner of Welfare of the recently created Welfare Administration of the Department of Health, Education, and Welfare, has stated that the role of the voluntary agency and the programs of neighborhood and settlement houses are important and necessary services if we are to contend at all successfully with these many difficult and persistent problems. One way of translating this statement into action is by the means of financial support through the Cooperative Research and Demonstration Grants Program of the Welfare Administration and the Social Security Administration.

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* Dr. Lagey represented the agency but the views expressed are not necessarily those of the U. S. Department of Health, Education, and Welfare.

This newly created program does not displace nor replace the older research-demonstration programs of the Children's Bureau or the Bureau of Family Services. These are still in operation. However, the program previously under the Social Security Administration is now a part of the new program. An application for a research or demonstration project can be directed to any of these three programs as well as to any of the other Federal granting agencies, such as the National Institute of Mental Health, the Office of Education, the Office of Vocational Rehabilitation, Urban Renewal, OMAT, or Public Health. Which of these granting programs is the most appropriate to apply to is dependent upon the area of emphasis of the proposed project. There is as yet no one single central agency to whom a proposal could be directed, with that agency then making the most appropriate distribution to interested Federal agencies. This remains largely a matter of the applicant's knowledge of the various granting agencies, what their interests are, and what their budget resources are. Again, as of the moment there is no Federal manual available which brings together in a single volume the interests, procedures of applying, or the financial status of all of the Federal granting agencies. This knowledge is acquired over a period of time on an individual basis and is largely a matter of trial and error in sending an application to one or another Federal agency.

The kinds of projects the new Welfare Administration is interested in receiving have to do largely with the reduction of dependency as authorized in the 1962 Social Security Amendments. Projects which are focused on AFDC or AFDC-U families are especially high on the priority list. However, it should be borne in mind that any proposals submitted to the Cooperative Research and Demonstration Grants Program must have a strong research component or a fairly rigorous experimental design. The Welfare Administration Division of Research is charged with the responsibility of developing scientific knowledge in the area of poverty and dependency.

The suggested procedure for submitting applications is to first direct a broad, general statement of the central idea to the Director, Cooperative Research and Demonstration Grants Program, Welfare Administration, Division of Research, Department of Health, Education, and Welfare, Washington, D. C. 20201. Staff of the Division of Research will then review this general description, and if the proposal has merit will then consult with the applicant in the formulating and designing of the official application.

The neighborhood and settlement house, suffering presently from insufficient staff and inadequate financing, can play a significant role in formulating and devising new attacks upon old problems. The voluntary field is frequently cited as the place where experimentation and innovation occur. A review of new programs presently underway suggests that in the United States considerable ferment and exploration is taking place within the neighborhood and settlement houses. Despite their limitations of staff and financing, they seem to be less bound to the past and more imaginative in their deployment of new strategies.

This is of interest to the Welfare Administration because neighborhood based programs have greater potential for reaching and involving clients in desperate need of services but who appear to be reluctant to expose themselves to other kinds of traditional services and agencies. But most important is the ability of this kind of service to relate to the children and youth of families in trouble. Where it is often difficult, if not impossible, to establish a relationship with parents of these families through the approaches of the more formalized, centrally located agency, the informal and local area based service can provide avenues of establishing meaningful relationships with parents and children.

The Welfare Administration is also interested in the possible breakthrough that group work programs might achieve with regard to the manpower shortage of professionally trained workers. The one-to-one therapeutic relationship, which characterized many of the older agency services, is a treatment strategy seriously limited by time, cost, and availability of staff. Group work types of intervention help ease the staff shortage problem as well as utilize the resources of group processes to reinforce program goals.

Perhaps the most important value of the locally based neighborhood house is that it presents the opportunity of providing some sense of community for its members. Many of the difficulties accompanying old age, loneliness, deprivation, and anonymity, can be assuaged and mitigated if one has the chance to participate in some kind of community life, however meager it may be. Alone, all of these difficulties tend to weigh most oppressively on many people. To share in some kind of group life can often reduce the harsh blows which befall many of today's urban slum dwellers. Of all the institutional arrangements presently available, the neighborhood house is in the best position to explore new ways of creating a sense of community in a world of strangers. The neighborhood house is nonthreatening. It is not an official arm of the State; it is capable of flexibility in rearranging its program; but above all it is in a particularly unique position to meet the needs of people on a neighborhood basis. Where it is capable of mustering local grass-roots participation and involvement in live issues and real, immediate needs, it can be that much more significant.

Neighborhood houses and settlement houses of today find themselves in a very difficult situation. They, more than any other organized professional group, are aware of the problems of our great cities. Yet, without adequate finances and with limited staff their challenge to act is greatly restricted. Unless communities can find ways of making greater support available, the neighborhood and settlement houses will not be able to rise to the exciting opportunities which challenge them.

Family Consultant Service in Syracuse Public Housing

MRS. JANET E. WEINANDY

Formerly Family Services Consultant,
Syracuse Housing Authority, New York

THE PROJECT I HAVE BEEN ASKED TO DESCRIBE is sort of a maverick in relation to the other programs being discussed at this conference, by reason of the fact that it was neither located in nor sponsored by a settlement. It was, however, closely associated because of its location in the same area of the city as two neighborhood houses and there existed a close working relationship with both.

The Family Consultation Project began October 1, 1960, and ended October 1, 1963. It was located in one of five housing projects operated by the Syracuse Housing Authority. Administratively it was under the direction of a trained social worker who was employed by the Housing Authority as Coordinator of Social and Community Services. However, the project was sponsored by the Youth Development Center of Syracuse, a Ford Foundation financed organization attached to Syracuse University and focusing on research and experimental service projects in the area of adolescent behavior and delinquency. A research consultant of the Youth Development Center staff was assigned to this project to carry on research activities for evaluative purposes.

The staff of the project consisted of one professionally trained and experienced social worker who was given, if I may say so, a euphemistic title of Family Consultant. Originally it was perceived that her function should be limited to a process of identifying problem families and readying them for referral to existing services in the community for on-going help. The job description was as follows:

1. *Exploration with the family of the problem presented and the probable causes.*
2. *Assessment of the family's attitude toward the problem; stimulation of their interest, willingness, and ability to effect a change in their patterns of behavior.*
3. *Interpretation of available community services and preparation of the family for working with an agency.*
4. *Consultation with all agencies having had contact with the family and referral to the appropriate agency for casework treatment.*
5. *Continued consultation with the accepting agency on the individual case.*
6. *Interpretation to project manager of the casework plan being put into effect.*
7. *Assessment of the referral process with periodic evaluation of method and technique.*

It was further anticipated that the Family Consultant would work intensively with 10 to 15 families at a time and that contacts per family would range from 10 to 15 over a period of two to three months. It was believed that 50 to 60 families would be referred to community agencies during the period of one year. Actually, as will be explained later, the emphasis on referral had to be modified for a number of reasons so that the estimated volume of coverage did not materialize.

By design, the selection of the families to be served by the project was done by the project manager, the criterion being that of relatively young families with school age or younger children, families with multiple problems in need of immediate attention. There are 678 units in Pioneer Homes project, of which 284 house elderly people, leaving 394 households consisting of parents and children. Fifty-four problem families were designated in the first group by the manager, and these were then randomly assigned to a study and control group. Families in the study group were to receive intensive casework service from the Family Consultant prior to their referral to appropriate community agencies. Those in the control group did not receive such service though they did have access to the regular health and welfare services of the community.

The housing manager was next asked to designate a number of "stable" families, both "problem" and "stable" being according to his definition. Forty stable families were designated. Soon after the project began, and before the Family Consultant made contact with any of the families, all 94 families included in the population: that is, the 54 problem families composing the study and control groups, and the 40 families which had been designated as stable, were interviewed by research staff from the Youth Development Center. An 11-page questionnaire was administered which was designed to gain precise information on the characteristics of the families and their participation in voluntary associations in the community. One final question included in the interview was an open-ended one as to what problems the family considered they had. The material thus obtained was then analyzed, along with other data available from housing records, and formed the basis of several comparative studies between the three groups in the population.

The final report of the project is now in preparation and will be issued, we hope, by early summer. This will include reports on the evaluative aspects of the project which were done by research staff of the Youth Development Center. We all concur, without apology, that this project was perceived as primarily an action or demonstration program, with evaluation being secondary. Nevertheless, I can give you briefly some of the findings. I should say first that while employment of a movement scale to evaluate the progress of casework treatment was considered, none was used.

A comparison was made between the study and control groups during the first year of the project, to determine whether there was any difference between them with regard to rent paying patterns. This was important, not only because this project was located within public housing but also because one of the chief reasons for these families being selected as problems by management was that they had long-standing problems paying rent on time. It was found that those families who were in the study group, receiving service from the Family Consultant, paid their rent late more often than did the control group families. On closer scrutiny, however, this seemed to be because the Family Consultant was asking the housing manager for special arrangements, such as allowing the family to pay their rent in installments until they could get caught up, or asking Welfare to help out temporarily to prevent eviction, all of which counted as late rent since housing regulations demand that the rent be paid in full by the fifth business day of the month.

An analysis was also made of the number of evictions during the year of both the study and control groups. The Family Consultant was asked to list the families she thought she had saved from eviction during the year and the figure given was, I believe, six. In the control group it was found that approximately that number of families had been evicted during the year for nonpayment of rent. From this, one might conclude that the Family Consultant had played a not-insignificant role in helping families remain in public housing, partly through intercession with the landlord and partly, we hope, through helping families learn to cope better with their financial responsibilities.

An analysis was made of case activity by means of information supplied by the Family Consultant on the first nine cases contacted during the first year of the study. She was asked to estimate, from case notes, the time spent on each case in direct service and collateral work, covering a three-month period. Charts were then plotted for each family indicating fluctuations in the time spent, depending on whether the family was in a crisis or between critical periods. It was found that 25 per cent of the time spent on a family was in collateral work, averaging 20 minutes per contact, and 75 per cent of the work on behalf of families was in direct contact, most of which was in home visits. The average length of these was 39 minutes. During the first two years of the project, 46 families received service over periods ranging from one month to 24 months. Average length of contact was eight months. The case load ranged from 11 to 22 with an average of 15.

Comparisons were also made between the problem family group, including the study and control, and the group of stable families which had been designated by the manager. This was done by analyzing the demographic material collected in the interviews with the entire group at the start of the project. There were many similarities between the two groups, and for many characteristics differences were statistically insignificant. This was true with respect to education, occupation, incidence of unemployment, income, religion, and ethnicity. It is probably safe to say that the general profile taken from both groups is that of a Negro Protestant family, the head of which earns less than $4000 a year, at a blue collar job, is unemployed 25 per cent of the time, and has an education slightly more than 10th grade.

The differences were found in family composition, indicating that over one-third of the women of the problem group married before age 19, as compared to 15 per cent of the women of the stable group. At the time of the study, the majority of the problem group were still under 35 years of age, compared to only one-third of the stable group. Problem families had been married a median length of seven years, compared to the median in the stable group of 15 years, yet problem families had an average of 3.9 children compared to the stable group which had 2.9. Less than 50 per cent of the problem families now had both parents in the home, whereas the stable group had 75 per cent intact families. This had led to the conclusion that at least for this population, problem families marry younger, have more children, separate from spouse more frequently, and, though this is not fully documented, there is reason to think that the problem group continues to bear children following separation far more frequently than does the stable group, all of which may point to the fact that problem families are less controlled and perhaps less committed to the rules of society.

During the third year of the project I was asked to interview a sample of the stable families, just to try to obtain a little flavor of the differences. It was a refreshing experience to find living in public housing a group of comparatively solid citizens who were satisfied with their homes, got along with their neighbors, paid their rent, were careful not to get too far into debt, liked their children and their spouses, worked together as a family, and were seemingly not so overwhelmed with the problems and emergencies of daily living that they could not think about their own future or even show concern about their community.

Until the inception of this project there had been no organized program for providing direct casework service to families in public housing, and referrals for service to the existing agencies in the community had been made originally by the manager or other housing personnel and more recently by the Coordinator of Social and Community Services who functioned on behalf of the five housing projects and consequently had little time to devote to individual families. In neither instance were referrals found to be successful for the average family, and it was for this reason that the project came into being.

Although the major objective of the project was referral of families for service, circumstances forced us to abandon this as a primary goal. Reasons for this were developed more fully in the report on the first year of the project, entitled, "Families Under Stress." Briefly, we found that even after intensive work the family could not successfully be referred to another agency unless that agency were prepared to use the same reaching-out approach we had used in the beginning. There were few agencies in Syracuse employing this method, and they were quickly saturated by us and others in the community. Secondly, we found that it was fallacious to assume that one could work with a family for three to six months and not develop a relationship; that when one then tried to refer the family to another agency, this sometimes did more harm than good in destroying trust, so that it seemed a questionable procedure. This explains in part why only 46 families were reached in two years; there was no choice but to go on working with the family until the case could be closed. During the first two years, closings occurred about as often as referrals, and according to some follow-up work that was done, it appeared that better results were obtained in the cases where service was not interrupted by a change of workers. Other factors might account for this; for instance, unconscious selection of the more promising cases to be retained by the Family Consultant.

In my humble opinion, the major value of the Family Consultant Project lay in what was learned about low-income, socially-deprived families in one community. Pioneer Homes is considered the housing project lowest on the social scale, hence the families selected for this project are fairly representative as problem families. Working with them, one learned much about their characteristics, the degree of their deprivation and how they coped with it, their alienation from society, and the pressures under which they live. In efforts to help them, one also learned about the confusion, the lack of coordination, and the just plain lack of services available to these families. One also learned much about the administration of public housing and its effect on tenants. It seemed that public housing has a built-in potential for milieu therapy, as do other institutions, or at the very least a potential as a half-way house for families on their way up, which was not being fully realized. Another thing we learned, and hopefully have contributed to others, is that these families have different needs from the average family that seeks out a social agency, for casework in particular: more basic needs, and because of this, techniques in working with them have to be modified and made more basic.

Finally, I would like to mention a group that was started in Syracuse early in 1960, known originally as the Multi-Problem Practitioners Group, the title now slightly modified. This was partly the brainchild of the project staff, to fill our own needs for communication with others working in this area, to foster interagency cooperation, to enable us to learn from each other, and hopefully develop better techniques for dealing with our problems. The group has grown in numbers and is representative of all the agencies serving the area: the settlements, nursery play schools, public welfare, clinics, Salvation Army. The second year we asked for leadership from the Chest and Council, to serve the dual purpose of feeding back to that planning body information about common community problems. Now in the third year we have become more formally a part of the Chest and Council, contributing, at their request, first-hand documentation of experiences on the practitioner level in this particular area of social work.

At the inception of the Family Consultant Project there had been some hope that at the end of the three years, when sponsorship by the Youth Development Center ended, it might be included as a public housing service. This did not materalize, partly because other services were in the planning stages which would render it unnecessary. Facilities for expanded social services have been provided, in the new housing project, which are to be staffed and directed by a community resource though the problem of financing has not yet been solved. A number of services to low-income, culturally-deprived individuals and families are now in the planning stages in Syracuse, as in other communities. Some of them must, before long, become a reality because it is later than we think.

Helping the Poor Housekeeping Family in Public Housing—

Friends Neighborhood Guild, Philadelphia

MRS. MILDRED W. GUINESSY

Executive Director, Delaware Valley
Settlement Alliance
Philadelphia, Pennsylvania

A GROUP OF HOUSEKEEPERS living in Philadelphia public low-rent housing were referred by the Director of Social Services of the Philadelphia Housing Authority to Friends Neighborhood Guild, a local settlement house, for help with their housekeeping problem. These families had been reported four times in a year by the Philadelphia Housing Authority building inspectors to their housing managers as poor housekeepers. All the efforts of the housing management aides, the social service department, and the managers had not succeeded in helping these families change their housekeeping practices. They had continued to be a problem to management, their neighbors, and themselves. The final alternative was eviction from the housing project. The Guild's willingness to try and help these families meant the housing managers were willing to stay the lease cancellation process for a limited period of time.

As a neighborhood-serving agency, the settlement was greatly concerned that these families be able to continue living in public housing if they so wished, and under the best of circumstances. It seemed appropriate for the Guild to try to meet this unmet need of some of its neighborhood families. Here was an opportunity to demonstrate a program of service and evaluate it so that there could be a greater understanding of poor housekeeping families and how they could be helped. In developing a special program to serve these families, grant funds were secured from the U. S. Department of Health, Education, and Welfare under the Social Security Administration Research Grant program.

Information was sought which would add to the understanding of the poor housekeeper and her family, and a varied program of services was initiated to help the family resolve their housekeeping difficulties.

An integral part of the Demonstration was the effort made, from its inception, to provide for a systematic, reliable, and valid evaluation of its success or failure. In addition to descriptive and judgmental data obtained from staff in the projects, from depth interviews with a contrast group of excellent housekeepers in the same projects, and from home visits to new residents as part of the Welcome Wagon service, an experimental research design was adhered to during the two successive Demonstrations. The design of the experiment provided for two competent judges, not employed by the Guild or involved in rendering Guild services, to rate the conditions of the households on a standard measuring instrument before and after service was given. Initial ratings were obtained on two criteria variables: evictability as judged by management and condition of household as judged by management aides. In the latter, (1) orderliness of rooms and furnishings, (2) cleanliness of walls, floors, and furnishings, (3) odor, were rated.

A special rating card was developed for use in judging the condition of the home. The letters A, B, C were used to indicate the degree of acceptability of the condition being rated—A-O Clean, B-1 Passable, C-2 Dirty. Ratings for each category, for example bedrooms, were totaled and divided by the number of bedrooms to obtain an average rating. All ratings were then totaled and divided by the number of items for which ratings had been made. This gave the score assigned to each household.

There were two alternative assumptions which underlay the two criteria approaches used in developing the scores. It could be assumed the aide went from room to room making her judgments and then reaching her overall impression of the household, or that the aide received an immediate impression of the household when she entered it and then went from room to room seeking evidence to confirm it. Actually, according to the scoring schemes there was little difference in the result based on either assumption. The scoring device just described was chosen and used because it did not over-score the categories in which only a few alternatives were checked.

From these families, experimental and control groups were selected each year as follows: (1) families were scored based on ratings received; (2) families were then stratified by housing projects (to assure that matched families be rated by the same housing management aides) and by family status (i.e., household with both parents present, etc.). Within each strata families were ranged in a series based on their rating scores. The initial entry into the series was made in a random manner and successive pairs selected. For each matched pair, one member was randomly assigned to the experimental group. Thirty-nine families were included in the first year Demonstration and thirty-six families in the second year. All families were rated again at the end of the 90 day period on the same two criteria variables.

In the second Demonstration chronically poor and potentially poor housekeepers were included in order to increase the size of the sample and as a source of information on how to help such families, as a guide to preventive services.

The same procedure of randomization of matched pairs was followed as in the first year. However in the second year, one experimental group received only the Homemaking Consultant and the case work services, the other experimental group received all the Guild services. The intent was to measure the effect of two alternative combinations of services. It was not possible, however, to evaluate the second Demonstration according to this plan because some of the families refused to participate in service, some failed to use service, and some moved which resulted in too few matched pairs to apply the predetermined statistical procedures.

The following hypothesis on the effectiveness of the program was tested both years: (1) there is no difference in the effectiveness of the experimental and control program; (2) the experimental program is more effective than the control.

The program offered to poor housekeeping families used the legal authority of the Housing Authority to motivate these families to seek help with the crisis in which they found themselves. The local housing manager sent each family a letter notifying them that because of their inability to meet housing standards they were being given 90 days to show improvement in their housekeeping practices or stand in imminent danger of lease cancellation (eviction). They were told they were being referred to Friends Neighborhood Guild for help with this problem and a staff member of the Guild would be calling on them shortly. The Guild program was offered these families only during this 90 day extension.

The program focused on housekeeping practices as a highly visible area for the family to work on and the Housing Authority to use in judging the amount of change in a family's housekeeping.

The caseworker or the Demonstration director held an initial interview with each family in their home before the program began. The purpose of the interview was to help the family think through the choices available to them and to reach a decision as to how they wanted to meet this crisis. It was made clear to them that it was their choice—they could choose to stay in public housing, or to leave, to clean up by themselves, or with Guild help. The response of many of these women to the initial offer of help was often hostile and angry at being called poor housekeepers. They generally denied they had a housekeeping problem and defended their housekeeping practices by presenting countless other problems which they said kept them from their housekeeping. Actually such factors may have aggravated, intensified, and even precipitated their poor housekeeping if the housekeeper were potentially susceptible to housekeeping difficulties. However, these factors in and of themselves did not make for a chronic poor housekeeping situation.

In the interview, the family's reaction to their manager's letter was discussed with them and their feelings about what they considered their housekeeping difficulties. The various parts of the program the Guild could offer them were also described in this initial interview. Help began with whatever the mother felt she needed—often it was the stove, sometimes it was how to involve her children in the housekeeping.

Since the program was focused on helping the family to change their housekeeping practices, different kinds of help were available to different members of the family. Naturally, the most intensive service was offered the mothers because they were the ones mainly responsible for the state of the home. A staff of seven carried the different parts of the service. Staff were all social work oriented. The Housekeeping Consultant, whose experience and training had been in Home Economics, had previously been a homemaker for a family service agency. The group leaders were all on the settlement's regular staff. The caseworker and the preschool educator were especially employed for this program as was the Homemaking Consultant.

The program for the mothers was three-fold: actual homemaking help in the home from the Homemaking Consultant who could assist them in learning proper cleaning techniques and use of proper equipment, developing daily routines, etc.

Casework help was geared to helping mothers to be able to use some of the service offered, in understanding the appropriate use of other family members in housekeeping, and in referral to other agencies for help with other problems which got in the way of the mother's housekeeping, such as child and marital relationships, health.

Mothers also met once a week for discussion of their housekeeping problems. The group experience outside the home provided a different environment in which the mother could relate to her housekeeping problem. When her "props" of home were removed, she had a better chance of acting differently.

The process of group socialization often affected a mother's motivation and served as a stimulant to her to approach her housekeeping with a different attitude.

Through the group discussion peers were used for educational purposes. Through association with other housekeepers, through exposure to other methods of housekeeping, a mother gains perspective on her own housekeeping practices. Preschoolers met in a separate room while the mothers talked. Many of them were undisciplined and unused to following instructions. This was a new kind of experience for them.

Group discussions for boys and girls over eleven years old were also held weekly. The group sessions helped them look at their role in their home and see where they might take more responsibility. The children's view of the family crisis was often hazy and reflected clearly the lack of communication between parents and children.

Although group discussions were planned for the fathers, in actual practice they used the worker for individual counseling around carrying a supportive role in the home, implementing what mother was trying to do.

There often appeared to be a lack of confidence between family members and the family did not respond to the crisis as a "family affair."

It also took a large investment of staff time in working with the individual members of the family before they became involved in using the service. Many of the mothers verbally agreed to use Guild help but when it came to involving themselves it was another story. By their actions they showed they were not yet committed to using the services. Some mothers proved masters of evasion—out at appointment time, cooking on the stove if the plan had been to clean it. They acted as if staff would let them alone if they kept evading long enough. Perhaps they had found this a useful technique in handling other agency workers, but here was a worker who kept coming back. The fact that someone was that much interested and that much concerned may have been one of the most important factors in these women taking the risk to accept help and making an effort to change their housekeeping practices.

Other mothers acted as if they were doing the worker a favor. Some were surrounded by friends at appointment time, a kind of shield against having to use the worker.

One of the hardest responses with which to work was that of mothers who agreed to everything but never did anything. A mother, told by the worker why she should dispose of a cracked frying pan which was draining puddles of grease into the stove, said, "That is true; I am going to throw that skillet out," and at the same moment, proceeded to wash it and put it away in her cabinet.

Once the mother was able to use Guild help, then it was more possible for other family members to do so.

After the 90 day extension was over and the family's housekeeping had been rated again by Housing staff, the Guild worker held a final interview in the family home to discuss their rating with them and what their plans were for maintaining their housekeeping improvements.

In the first Demonstration, of the group receiving Guild Service eight families were rated satisfactory at the end of the 90 day extension period and were taken off the bad housekeeping list, five were rated improving, and four evictable. (Two had left the project.)

In the group not receiving service, two families were rated satisfactory, nine families were rated improving, and six evictable. (Three families had left the project.)

In the second Demonstration, of families using only the Homemaking Consultant and caseworker, five families improved, four remained poor, and one reached satisfactory. Of the families receiving all Guild services, seven families improved and two remained poor; three were satisfactory. In families receiving no service and who served actually as a control group, two families moved, six were rated poor, five families improved, and one reached satisfactory.

After three months the homes were again rated by the same two raters. At the time of the first two ratings the raters did not know which families were in the control group and which were in the experimental. However, this was not the case at the time of the third rating. They did know which families were in each group at the time of the follow-up. It was not possible to determine if this knowledge influenced the third rating in a manner that may have introduced a consistent bias. If a bias was introduced it would have been less likely to favor the experimental group.

Evictions, moving, and failure to complete follow-up evaluations limited the number of families to 15 in the experimental group rated in the first year three month follow-up and to 14 in the control, bringing it to nine matched pairs of the 19.

In the experimental group at the time of the three month follow-up, not a single instance of continued improvement in rating score was reported, with two-thirds of the families actually regressing though not to the level originally rated at the time of referral. In contrast, about half the control group continued to improve, and an equal number regressed.

The fact that not a single instance of improvement was reported for the experimental group suggests a possible negative influence resulting from withdrawal of service. The actual scores achieved in this follow-up still favored the experimental group.

In the second year Demonstration, at the three month follow-up two families who received service had continued to improve, all had stayed well ahead of their original ratings but many had regressed, the no-service group held their own or continued to improve. The major improvements were in housekeeping skills and the ability to select priorities of housekeeping tasks.

The results of the final ratings showed that the experimental program was more effective than the control in both Demonstrations. It must be remembered that with such a small sample such findings could not be considered conclusive but did point the way to further experimentation.

This briefly is the structure of the program. Now what have we learned about poor housekeeping families? Originally these poor housekeeping families were thought of as "multi-problem," "hard-to-reach," but a very different picture was found when the findings were analyzed. The descriptions of the mothers, who were the ones receiving the bulk of the service, show they had a lot of strengths.

These were not "hopeless" women. They were of average intelligence, articulate, able to verbalize their feelings, and very candid about personal faults. They showed a good sense of humor and seemed to like people. At least half of them showed a zest for living, did not seem defeated by life or lacking in optimism, and appeared motivated to change their present style of living. They were mild mannered, were not social isolates, and were not unduly wrapped up in themselves.

Besides this positive picture of the mothers there were certain characteristics identified which obviously had an effect on their housekeeping. A majority of these women were poorly organized in their living habits. Among the ones least able to use help there was a tendency to compartmentalize their housekeeping difficulties, and they showed difficulty in accepting responsibility. Half the women lacked energy necessary to fulfill their own limited aspirations. This contributed to the poor results they obtained in what efforts they did put into their housekeeping.

The findings of the study led us to consider the housekeeper herself as the central "causal" factor in the poor housekeeping situation and therefore the person to be the main target of the service. The major change sought by staff was in the behavior, attitudes, and limitations of the housekeepers themselves.

A short-term service intended to meet a crisis situation, such as this Demonstration illustrated, would seem to hold more promise for sustained results if the housekeeper were first helped to experience an actual change in behavior, rather than concentrating initially on her attitudes, perceptions, and motives. If other family members can be gotten to pick up their own messes and carry even a beginning share of the load, an amazing amount of the burden is taken off the shoulders of the housekeeper herself. If she can experience this change, and *if her family members can share in it,* the housekeeper will have a major, not quickly forgotten, alternative to her present way of doing, planning, and ordering housework. When the persons who help her achieve such an experience are mature women, whose help involves considerable contact beyond the spoken word, the housekeeper can possibly learn more from what is "caught" than what is taught.

These women seek and use direct advice and follow guidance authoritatively given in relation to specific actions to be taken in performing their housekeeping role. Such help, however, is not effectual in grappling with family relationship problems and personal, introspective concerns. These latter respond more readily to emotional support and reassurance, along with clarification of elements in the situation and alternative actions possible from which to choose. In almost all instances, the provision of concrete resources are welcomed and helpful, whether limited to household cleaning materials, simple instruction booklets, or expanded to include washing machine and sewing machine where the need is indicated and otherwise unlikely to be met, or direct referral to other community resources for counseling and financial help, where these are indicated.

The mothers used the staff and services offered differently. They responded differently in the different settings in which staff saw them. This should be noted because so often an agency makes available only one worker and one way of service to a client.

Did these families differ from other families living in public housing? There was one identified difference between the poor housekeeping families and the other families living in these housing projects. Poor housekeeping families on the average appeared to have the larger family with more children under 18 years of age. There were no other significant differences—marital status, age of heads of household, sources and amounts of income, and age of children in the household were similar.

Now these poor housekeeping families presented many other problems in addition to their poor housekeeping practices. Bringing about changes in their housekeeping practices did not necessarily alter or eliminate these other problems. It did relieve the complications and pressures which the families would have faced if they had been evicted, and it did reduce the stress resulting from this one problem.

The findings of the Demonstration suggest that with rare exception the poor housekeeper:

1. *is lacking in a sense of organization and order.*

   This finding touches on ability to establish priorities in tasks and to schedule realistically in relation to available time. In contrast to the very good housekeeper with similar family composition, these women were pushed by time, did not follow regular schedules in housework, and did not establish priorities out of deliberate choice from considered alternatives. They appeared to be "crisis" or "pressure" prone, responding to the demands of the immediate moment. If the child cries for food, feed it. If the school demands no tardiness and few absences, the children must be gotten off to school on time. How the housekeeper perceives time, both inner felt time and outer clock time, is probably central to her sense of priority and schedule and is reflected in her organization of living habits. Among those poor housekeepers least able to use help, common failings were difficulty in taking on responsibility and a tendency to compartmentalize the housekeeping problem, not seeing it as related to the broader homemaking function. In this group were also found those women whose standard of acceptable cleanliness and order was so low as to be unacceptable to Housing management, despite the belief on their part that "their house was fairly clean."

2. *is unrealistic in her work expectations of children and other household members.* The larger family, with many young children, is more likely to become a poor housekeeping household although large families frequently turn up as very good housekeeping homes. In the good housekeeping home one can readily detect the allocation of tasks, differentiated by age and sex, among *all* members of the household. This is in sharp contrast to the poor housekeeping home where discontent with the husband's role and no cooperation from the children are prevalent. In the latter, unlike the former, each additional child adds to the burden on the housekeeper rather than lifting part of the burden by providing additional helping hands.
3. *is pushed by immediate demands, usually expressed as a "crisis."*
4. *lacks a routine framework and follows no set pattern of housekeeping.*

It is important to note, in planning future services to poor housekeepers, that the families in this Demonstration were not limited to families who had recently moved into public housing. The problem of housekeeping may develop at varying times in the life cycle of a family which had previously not evidenced serious housekeeping difficulties.

Guiding and Documenting the Work of United Neighborhood Houses Pre-Teen Delinquency Prevention Project

GOODWIN P. GARFIELD

Project Director, Assistant Executive Director,
United Neighborhood Houses, New York City

Purpose of the Project

The Project[1] is designed to provide services to help pre-adolescents and their families cope more effectively with life-circumstances which make them especially vulnerable to delinquency and other problems of urban life affecting a low income population. Those pre-adolescents are selected who are in groups which meet the following criteria:

1) *Behavior which makes it difficult for them to fit into normal agency services, leaving them unserved or inadequately served by existing agencies.*
2) *Behavior which seems likely to bring them or has already brought them into trouble with authorities.*

As a demonstration, the Project is also concerned with documenting the nature of these services and assessing their impact on those for whom they are designed. This documentation is intended to provide: 1) a focus for the service given by workers; and 2) data from which knowledge may be gained about the problems faced by the client population and the method used by workers to help their clients work on these problems.

Organization

The Project is under the auspices of United Neighborhood Houses of New York, the federation of settlements in that city, and is operated in nine member settlements located in high delinquency areas.[2] United Neighborhood Houses is responsible for the overall administration and supervision of the Project. It sets the standards and guiding principles for work in cooperation with the nine settlements, acts as the fiscal agent, assists in the recruitment of full-time professional staff, channels the entry of graduate students of social work into the Project, organizes the training program, and develops the recording devices to guide and document the work. It is staffed by one full-time director, a researcher, and a secretary, along with a part-time consultant and a trainer.[3]

In each settlement the Project is a distinct unit integrated within the overall settlement program. Each unit (with some variation) is made up of three full-time social workers—one supervisor and two practitioners, one or two part-time practitioners, one or two part-time specialists, and one full-time secretary. During this year, four graduate social work students had their field placements in the Project, one each in four different settlements. No worker carries more than two children's groups. Currently, there is a total of 36 different groups of children and 15 groups of parents which meet regularly.

Guiding the Work

The Work Assignment. Our workers' assignment begins with a group of pre-adolescents selected in accordance with the criteria described above. The assignment consists of the following categories of tasks which require workers to help children and parents individually and in groups:

1. *Help to the pre-adolescent group with those problems which bring group members together and which arise out of the life of the group.*
2. *Help to individual group members with problems which are only partly related to group life, such as family, school, etc.*
3. *Help to parents of group members with their problems,*

especially as they impinge on the problems of their children.

4. *As common problems of parents are identified, help to parents in groups with problems of their children, themselves, and their environment.*

Orientation to work. Since our workers engage in problem-solving with their clients in individual and group situations, it is essential that they be oriented to a way of looking at the problems of clients as they arise from their life-situation. We see problems for children and parents stemming from their inability to negotiate or make effective use of the systems which make up their social environment. Each of these systems—peers, family, school, Welfare Department, etc.—pose a set of opportunities and demands which clients must learn to put to their use in order to survive and advance their interests. Their problems of negotiation stem both from their lack of resources and from the failure of these systems to perform the tasks for which they were designed.

To illustrate by reference to the children: children in the pre-adolescent period are faced with the need to learn how to use at least four systems—family, peers, school, and youth-serving agencies including the settlement. It is in the two primary groups of family and peers that opportunities are open to them for working on fundamental life tasks such as acquiring behavior and attitudinal skills valued by family, peers, and the society, making friends, sorting out their confusions about sex and racial identity, functioning in other systems such as school and youth-serving agencies, and exploring new environments. Problems arise for children when these opportunities are unavailable to them. The simple tasks of survival confronting the family system markedly restrict such opportunities for parents to help their children. Further, family value codes and patterns of behavior often clash with those that the children learn from their peers and which they are required to learn from the school and youth-serving agencies. The children are thus caught up in the necessity of choosing among disparate and conflictual ways of thinking and behaving. Strongly attracted to the peer group at this age, problems are likely to arise for the children in family, school, youth-serving agency, and legal systems when peer group norms and patterns of behavior are at odds with these other systems. Problems also arise for those children who cannot cope with the requirement of their group. It is in the school that their problems are made especially acute. Here, their own lack of resources, together with the defects of the slum-school—overcrowded classes, harassed teachers, inappropriate learning materials, and a generally alien way of life—aggravate existing problems and create new ones.

It is from these problems of social functioning—and those of parents—that our workers derive their function. In effect, the workers attempt to lend their strengths—and the resources of their settlement—to those of their clients to assist them in their problems of negotiation. Since these problems arise both from the limitations of clients and systems, our workers need to address themselves to both. This means that our workers work directly with clients and with their relevant systems. We call this dual manner of working "mediation"—a function which requires workers to stand between their clients and the systems in order to help them come to grips with and be more responsive to one another.

Documenting the Work

The recording task of our workers flows out of their work assignment and is an effort both to provide a focus for their services and to document the nature of these services. A quantitative measure of their work is afforded by Statistical Logs which describe their day-to-day work contacts. Process Logs spell out their helping acts in the form of dated diaries. Periodically, workers are requested to write Records of Service which summarize the help given on a particular problem to an individual client or a group within a stated period of time. The Record of Service is compiled from Statistical and Process Logs and is divided into the following parts:

1. *Origin of the problem,* describing how it came to the worker's attention, and what it looks like in action, and how it is perceived by the client.
2. *Summary of work,* describing the focus of work with the

client and with collaterals, and personnel in the various systems.

3. *Assessment of work,* describing the impact (or lack of it) on the problem.
4. *Specific next steps,* describing what the worker intends to do in terms as close as possible to the next moment of working.

The Record of Service on the individual client summarizes the worker's acts of helping the client with his problems of negotiating or using the various systems of his environment. On the basis of our workers' experiences we have found that client problems arise in relation to systems which we have classified in the following manner:

1. *Peer group*
2. *Family*
3. *Settlement,* including the worker, other staff, other services
4. *Formal community resources,* including school, Welfare Department, courts, other social agencies, hospitals, etc.
5. *Informal system,* including other peers, neighbors, etc.

The Record of Service on the group, as on the client, summarizes the worker's acts of helping the group system work on its problems. These problems seem to fall within four major categories of tasks which the group must perform and which we believe may be common to all groups. The group tasks from which workers derive their own tasks include:

1. *Formation,* which involves the sub-tasks of consensus and contractual clarity between group members, the worker, and the settlement. These tasks relate to the issue of their common understanding of their need for each other and their reasons for being together.
2. *Structure,* which has to do with the task of productivity or getting things done. This task involves a division of labor, allocation of roles, making decisions and acting upon them, and setting up norms to regulate the behavior of its members.
3. *Satisfying its members,* which involves such group sub-

tasks as providing activity and work to do, support and respect for what members do, mutual aid (giving and getting help on particular problems), protection against others, and access to the worker, settlement, and other resources valued by members.

4. *Negotiating the environment*, which involves dealing with the external world surrounding the group. Sub-tasks include using outside resources, exploring new environments and coping with other systems such as the family, settlement, school, etc.

By recording in this manner it will be possible for us to develop inventories of specific problems confronting both the client population and each of the systems impinging on our clients. Further, it will be possible to describe in a systematic step-by-step manner the helping activity of our workers and to appraise the impact of their service on these problems. In this way we hope that our experiences will be in forms that will be useful to other settlements and the profession.

FOOTNOTES

[1] The Project is financed over a three-year period on a $1,000,000 grant from the Vincent Astor Foundation. It extends to nine settlements the work first done at Henry Street Settlement. See Ruth S. Tefferteller, "Delinquency Prevention Through Revitalizing Parent-Child Relationships," *The Annals of the American Academy of Political Science* (Philadelphia, Vol. 322, March, 1959), pp. 69-78. The Project is fortunate in maintaining Mrs. Tefferteller's services both as a consultant and as Program Director of Henry Street which is one of the nine settlements within the Project.

[2] Manhattan settlements include: Henry Street, Hudson Guild, James Weldon Johnson, Lenox Hill, Manhattanville, and Union. Brooklyn settlements are: Stuyvesant, Williamsburg, and Willoughby.

[3] The trainer is William Schwartz, Associate Professor, Columbia University School of Social Work. His written articles and work in the Project have provided a helpful orientation to work and recording. See, by Schwartz, "The Social Worker in the Group," *Social Welfare Forum, 1961* (New York: Columbia University Press, 1961), pp. 146-71; "Toward a Strategy of Group Work Practice," *The Social Service Review* (Vol. XXXVI, No. 3, September, 1962), pp. 268-279; "Small Group Science and Group Work Practice," *Social Work* (Vol. VIII, No. 4, October, 1963), pp. 39-46.

Use of Volunteer Case Aides in Supportive Work with Families

PATRICIA MURRAY

Supervisor, Volunteer Case Aide Program,
Baden Street Settlement, Rochester, New York

BADEN STREET SETTLEMENT is the largest of five settlement houses located in Rochester, New York, a city of approximately 325,000 people. This Settlement views its client as the community living in the Baden-Ormond area, a section of land not far from the heart of the city, bounded by the inevitable railroad tracks on one side and high walls of prejudice on the other three.

This section can be called a "changing neighborhood," but not necessarily in the traditional sense. Many of its changes have been effected by Urban Renewal. The area immediately around the settlement formerly was composed of numerous, substandard, multi-family dwellings which embodied the depths of human degradation and despair. Today this same land supports the only existing low-income public housing apartments in the city, private, integrated middle-income apartments, a large playground operated by the city, and a new school for the primary grades. The remainder of the cleared land awaits the arrival of small commercial and industrial ventures for which it is zoned.

Of course, such developments do not occur without affecting the lives of people, and people are our main concern. The population of the Baden-Ormond area has dropped from 14,000 in 1950 to 11,000 in 1960. These figures do not reflect a lessening of over-all population or migration but rather the relocation necessitated by physical change. During the same period, the percentage of non-white persons in the area rose from 25 to 54.7 per cent, or 25 per cent of the total city's non-white population.

Relocation, urbanization, and migration have also affected the fringe areas of the Baden-Ormond neighborhood, making them less stable in nature and more in need of the types of services the settlement house can offer. In some instances, these neighborhoods harbor those who are unable or unwilling to live within the new housing complexes and for these very reasons generally require more services from the community. Increasingly, the staff of Baden Street Settlement has been trying to move out to these people and to involve them more directly in their own helping processes.

To effectively meet the needs of the variety of people and situations existing in the Baden-Ormond area demands of a social work agency the highest degree of sensitivity in planning what services it will offer that community. Towards this end, the departmental structure of Baden Street Settlement has recently been redesigned to assure overall coordination and amalgamation of the five types of services rendered by its departments.

The Activities Department provides programs of many kinds for almost 600 persons of both sexes from five years of age up. It is focusing on reaching out to the less accessible members of the community as well as providing challenging means of ego development through recreational, club, and class activities. The Health Center sees almost a thousand patients each month in a wide range of clinics which include pre-natal, pediatric, eye, dental, medical, and cancer detection services. Preventive medicine is emphasized and continuing health maintenance encouraged. The two half-day Nursery School programs offered by the agency serve approximately 85 preschool children with the objectives of strengthening and supplementing family life, helping in remedial action where there are personal and family problems, and giving preschool age children sound educational and social experiences.

Two relatively new departments have also evolved within the agency structure. The Neighborhood Development Department, established in 1962, is organizing neighborhood groups to help the families and businessmen of the area focus on neighborhood problems and mobilize themselves in a systematic way to achieve the solutions. The Personal Service Department, as such, has been redesigned to provide the needed casework services to the other departments and to serve as the liaison force within the agency as well as between the agency and the total community. A new Mental Health Team is also housed within the Baden Street Settlement facilities.

Rochester, in general, and Baden Street Settlement, in particular, have been leaders in their recognition of the value of volunteers. At Baden Street Settlement many of our programs are highly dependent on the services of volunteers and over 250 are involved in varying capacities throughout the agency in one year. Two of our newer programs—tutoring and case aide work—are carried out completely by volunteers, under staff supervision. It is this last service, the Volunteer Case Aide Program, that I would like to highlight in greater detail for you.

In the mid-1950's several forces were operating within Rochester. Lay men and women in the general community were increasingly seeking an opportunity to have direct contact with people in need. Federated giving, organized community services, and committee operations had removed them from a means of personally giving of themselves. With the encouragement of several ministers, they were seeking a practical application of their deep social concern for the welfare of others.

Statistics showed that a relatively small number of families in Rochester were faced with a multitude of problems and were requiring a disproportionate amount of social and health services. In a sense, these families were living from crisis to crisis. They were seldom functioning near their potential capacity, and services to help them meet their chronic "emergencies" were very expensive to the over-all community in terms of money and personnel.

Many of these troubled families lived in the Baden-Ormond area and the staff of Baden Street Settlement was feeling the pressure of their many needs. The increasing number of cases threatened to overburden the casework staff and they were aware that nothing was being done to prevent or lessen the intensity and frequency of these upsets which also made great demands on the limited abilities of the families themselves. It became increasingly evident that the social or health agency would have to be the aggressor in establishing and maintaining helping relationships.

From these stimuli emerged a pilot and then a demonstration project around the use of volunteer services with multi-problem families. The demonstration, as such, took place from February, 1957, to February, 1959, under the joint sponsorship of the Junior League of Rochester and the Baden Street Settlement. It was intended to reach out to "hard-to-reach" families in a new and unique way through the use of carefully selected volunteers who would make regular visits to the homes of these families. These volunteers were to be trained and closely supervised by a professionally trained worker. The program depended upon the friendship, maturity, and ability of a volunteer lay person to give of his interest, support, and guidance to a family who may be overwhelmed by the pressures of everyday living and unable to mobilize their own potentials to constructively cope with these demands.

At first this demonstration met considerable resistance, especially among professional groups who questioned whether this type of service was truly within the volunteer's accepted role.

However, this relationship between the volunteer and the family was not meant to substitute for the professional help that was needed but rather it was to be an intelligent, supportive, understanding friendship available to the family on a continuing basis to fill the gap between self-help and no help. Thus, it was believed, a number of the crises might be lessened or avoided over a period of time. The volunteers would also have the benefit of background information and continuing supervision. They would focus upon the total family although more specific help might be offered one member.

The lines of demarcation between what requires professional service and what could be helped through volunteer service have become increasingly more distinct through the years, and in many ways volunteers have enabled the families to make better use of professional help. Yet the agency's greater experience and comfort with the strengths of the volunteers is also allowing us to help them function in broader areas with their families than was originally anticipated. More specifically, volunteers have been able to help in locating housing, in working out problems with landlords, in upgrading housekeeping, in child care training, in encouraging medical and dental care, in directing families to class and group resources, in supporting them through legal channels, in helping to secure surplus food, in providing positive male figures for inadequate men and fatherless boys, in providing emotional release and good companionship where needed, and in a myriad of other ways.

Some families are able to function adequately in some areas while doing poorly in others. Frequently we find that a mother may be a good housekeeper, manage her limited income fairly well, care for her home and children. However, she may have considerable difficulty in maintaining consistent control and discipline of her children. Often this precarious situation is further complicated by the outside pressures of the community in which they live. For some women the opportunity to discuss their uncertainties with the Volunteer Case Aide has enabled them to see and individualize the needs of each child, to try different approaches to difficult situations, and generally to feel more secure in their handling of the family. One mother with a large family recently said that she had never previously given much thought to one son because he never had presented the problems the other youngsters had.

A number of studies have been written to show the evolvements of this Program since 1957. Suffice it to say here that the Volunteer Case Aide Program is now an integral part of the services of Baden Street Settlement, financed by the Community Chest, and more widely accepted by the "helping community." It has proven itself as one effective approach to multiproblem families.

Now I would like to describe for you how the Volunteer Case Aide Program is presently functioning.

Volunteers are recruited from many sources. Church groups continue to supply a number of the interested people. Newspaper announcements bring limited response. Case Aide contacts with friends, acquaintances, and fellow employees are presently one of the most fruitful sources of supply. As the general community becomes more aware of the needs of some segments of the population, recruitment no longer requires the same aggressive and interpretive action that was most necessary when the Program first began. As a matter of fact, recent response, emanating from a desire to personally contribute to the improvement of racial understanding, has been so great that this Program is now limited to 35-40 families by the availability of only one staff member to provide the needed supervision.

An effort is being made to establish training sessions in March and October of each year. All those who have expressed an interest in the Volunteer Case Aide Program are sent a letter informing them of the date, time, and place of these meetings. A series of three evening orientation meetings cover, by presentation and discussion, the general philosophy of settlements, characteristics of the Baden-Ormond area, the program of Baden Street Settlement, the types of families and problems that are served by the Volunteer Case Aide, and what is expected of the volunteer. Both the positives and negatives are presented as clearly as possible to enable the individual to evaluate whether this is the type of service he wants and can do. Kits are distributed including a considerable amount of material on the agency structure and functions. Applications for Volunteer Case Aide service are distributed to be completed at will. A tour of the agency facilities and a film are also a part of this training. At the third session, two practicing Volunteer Case Aides talk with the group about their own experiences and feelings within the Program. This direct contact with a person who is actually doing Case Aide work seems to be quite effective in helping to alleviate the apprehensions and anxieties of a new person wanting to do this type of work.

After the orientation meetings are completed, the Program Supervisor meets individually with each new person and evaluates with him whether he should participate in the Program, what time he has available, what his particular interests and background are (especially in terms of previous volunteer experiences), and how his own family feels about his doing this type of service.

Families are referred to the Volunteer Case Aide Program from a number of sources. Many are from the various departments within the Baden Street Settlement; others are referred by agencies such as the Department of Social Welfare, SPCC, The Rochester Housing Authority, and neighborhood schools. The families are then cleared with the Central Index and the Program Supervisor contacts the active agencies to discuss possible Volunteer Case Aide assignment. Due to the number of agencies frequently involved with one family and the usual hardships of reaching social workers, this step in the processing can be quite lengthy and time consuming.

It is the responsibility of the referring agency to interpret the Case Aide Program to the family and to discuss whether or not the family wants the kind of help that can thus be given. While in one sense this program is aggressive in going out to the client, it also must recognize the family's right to self determination for, in truth, this service can and has been denied by the family either by word or by action.

Once these steps have been completed, the Volunteer Case Aide family assignment is made as quickly as possible. At the time of the assignment, the Volunteer Case Aide is given the face sheet information and the reasons that a case aide was requested for this family. He is encouraged to listen to the family's concerns and to be aware of the total family functioning. The Case Aide then stops by the family home to arrange a convenient time for a visit.

High standards of performance are demanded of the volunteers in this Program. They are expected to establish a specific time each week in which they will visit the family. This in itself can introduce an element of stability and planning into family lives which otherwise may be chaotic. It may be the one day a week that the mother gets all of the children off to school or straightens up the house; it may be the only time that father spends any time around the home. Yet each time is a small step in strengthening that family's functioning.

Volunteers are also expected to write weekly reports on their visits and phone calls and to see the Program Supervisor for a conference between each home visit. The visit, report, and conference are anticipated to require two hours of volunteer service each week. As backgrounds and goals are more clearly determined, as family situations stabilize, as the ability of the volunteer is better known, the frequency of reports and conferences may lessen but they must still be regularly maintained.

One of the real problems of this program has been the yet insurmounted task of evaluating just how much change has been effected in the families served by the activity of the Volunteer Case Aides. Research assistance has been sought for this measurement but, to date, no effective means of determining it have been found. Earlier reports have covered the types of problems dealt with and the referrals made to other agencies. Additional light may be shed hereby looking at the total number of families that have been served by this Program and the primary reasons for closing some of them.

TABLE I

NUMBER OF FAMILIES SERVED AND REASONS FOR CLOSING

Active Cases	31	
Closed Cases	80	
Total number of families served	111	
Initial Relationship not established		8
Volunteer leaving Program at point where reassignment not deemed advisable or no other volunteer available		25
Client moved out of area serviced*		5
Some movement made by client who then withdrew		6
Agency decision to terminate service where limited movement had been made but it was felt that no further gains could be derived from continuing contacts		22
Client able to function on own		14

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* Does not always terminate service.

The continuing referrals and words of encouragement from those in the community who also serve the same families help to reinforce the belief of the Baden Street Settlement Board and staff that this service is of noteworthy value in an area where a variety of new and different approaches can be the only answer.

The total effects of the Case Aide Program are felt far beyond the immediate services rendered to the families. Many of the volunteers have stated that their Case Aide service has enabled them to grow in their understanding of people living under circumstances different from their own, their comprehension of many aspects of the community they never had encountered before, and their own ability to relate to others in a deep and purposeful manner.

Case Aides are often asked questions which lead to broader discussions of prejudices, stereotypes, and social conditions. At times they have been quite effective in influencing other community institutions to see and deal with the problems that do exist. Some of them are serving on the agency board and are quite helpful in addressing outside groups. Constant efforts are made to contribute to their own development.

The conviction and dedication of the volunteers can best be demonstrated through these figures:

TABLE II

YEARS OF SERVICE OF ACTIVE VOLUNTEERS

Years of Service	*No. of Volunteers*	*% of Total*
4 - 6 years	12	38%
1½ - 3 years	9	28%
Less than 1 year	11	34%
	32*	100%

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* One volunteer is awaiting re-assignment. In addition, there have been 72 other Volunteer Case Aides who are no longer active.

The agency too has learned a great deal from this Program. There has been greater understanding of the individual families, greater recognition of the strengths and weaknesses of the agency and community programs and resources, and greater appreciation of the value of volunteers.

There are still many directions in which the Volunteer Case Aide Program may be further developed. Communication within the agency should include the broader implications of what has been learned as well as the details affecting specific family situations. More interpretive efforts should be made to awaken Rochester and other communities to their role in helping the multi-problem family and to the awareness of how volunteers can contribute to this effort.

Follow-up letters to agencies which have inquired about the program might support their interest into activity and provide a means of assistance in working out any difficulties they may have encountered. Continued striving to scientifically evaluate the meaning of this Program could serve to substantiate its significance to others.

In closing it may be best to refer to the following brief vignettes:

> The depth and quality of feeling which resound in the statements of an intelligent, sensitive, young woman, "Thank God you're here; you are my support. . . ."
>
> A sudden burst of gleeful giggles from a boy who talks with no one. How troubled he is or where his life will end is yet unknown but for now he has a friend who cares about him and demands nothing in return.
>
> An elderly, invalid woman finds encouragement and hope in the faith and religious convictions she shares with her visitor.
>
> A young mother who must separate from her husband in order to stabilize life for herself and her children finds strength and companionship in her friend who helps her work out how she can meet the multitude of responsibilities she must now assume.
>
> The constancy and caring of two lasting friends enables a grand, old matriarch to begin channeling her fierce pride and determination into dealing with the complexities of modern day living.
>
> A mentally slow mother, bombarded by the demands of her children and the impulsive cynicism of her husband, is able to maintain, with constant and firm encouragement, a special

rigorous diet for her young son to avoid for him the severe retardation that has beset an older child.

A boy runs away from his mother's anger when she is drinking but now there's someone who understands how many things he wants to do and how hard it is to grasp it all when a boy is yet so young.

On these deep, meaningful human exchanges and experiences rest the Volunteer Case Aide Program, dependent on the agency and the community only for the opportunity, resources, and guidance to enrich the lives of all involved.

Neighborhood Development—
A Self-Help Developmental Program

MARCELEETE H. WOMACK*

Assistant Director, Neighborhood Centers Association of Houston and Harris County, Texas

CAN CULTURALLY DEPRIVED PEOPLE assume responsibility for their welfare?

The next question is, can we *enable* culturally deprived people to grow in their ability to assume responsibility for their own development? We do not have the answers to these questions, but I am happy to share with you some of our experiences in one effort to learn more about how to help culturally deprived people to develop as persons, as families, and to develop their neighborhoods. We cannot here relate all the steps or experiences that have gone into the thinking, planning, designing, and developing of the Clayton Homes Neighborhood Development Program; we can only offer here a taste—an appetizer.

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* This paper was presented at the Annual Forum of the National Conference on Social Welfare, Los Angeles, May 1964. A report on this significant project would have been presented at the March conference on Services to Families in Chicago if Mrs. Womack could have attended. In lieu of her participation, and to present more fully the scope of current neighborhood services to families, this paper is included in the conference report.

This Neighborhood Development Program in Clayton Homes was the subject of a session at the workshop on Community Services and Public Housing conducted by the Training Center in mid-March 1964. Therefore this paper is also an appropriate addition to the kit on settlement services in housing projects.

This project is part of a large agency program with many local units, the Neighborhood Centers Association of Houston and Harris County, Texas. A report of its self-help philosophy and services is included in *Neighborhood Centers Today* (National Federation of Settlements and Neighborhood Centers, 1960). An updating of that report, prepared for the NFS Training Center by Corrinne S. Tsanoff, December 1963, includes a concise account of the Clayton Homes program.

We see Neighborhood Development as a method of work—an integrated, total-service, total-neighborhood, self-help approach to changing neighborhood environment through the efforts of the neighborhood residents themselves, with all of the available neighborhood and community resources giving support to their endeavors.

Effort is directed at creating a neighborhood environment which facilitates positive interaction among individuals, families, and groups within the neighborhood, as well as between the neighborhood and the city as a whole.

The *elements* involved in Neighborhood Development are: the neighborhood and its resources; the specialized services of the neighborhood and community; an integrated Neighborhood Development staff made up of the workers from all of the agencies and institutions working in the neighborhood; and, volunteer technical and professional resources.

The method of work has specific characteristics. It is *rooted in the neighborhood,* operating in the neighborhood itself. It is *a total neighborhood approach* concerned with the welfare of all the families in the neighborhood. It is *a total service approach,* concerned with the total welfare of the individuals, families, and the neighborhood. Therefore, all neighborhood and community resources must be available. *It uses program as a developmental instrument,* offering opportunities for experiences through which neighborhood people seek to fulfill their needs and interests. In this process, values, concepts, and attitudes change.

The neighborhood program is carried out through four media which are: neighborhood self-help projects and programs; organized groups and classes; natural groups, and special service units focused on a specific area of family or neighborhood life, such as education, employment, health and creative arts.

The neighborhood in which we are exploring this method of work is a 340-unit public housing project, located on twenty-one acres, bounded by warehouses, railroad tracks, a freeway, and a bayou. It is ethnically 98 per cent Latin-American. The families are large, poor, educationally limited, employed largely in unskilled and service occupations. The school dropout rate is high, as is the unemployment rate. Mental retardation among children entering school is about 15 per cent, as estimated by the school principal. Fatherless families account for 10 per cent of the households. Persons over sixty-two years of age account for 4 per cent of the population. *Two-thirds* of the residents are *under twenty years of age.*

The neighborhood is divided into six sections of approximately fifty families each to facilitate effective interpersonal relationships, broad-based citizen participation,[1] and a decentralized approach to decision-making. Neighborhood leadership is elected annually. The *Adult and Youth Leadership Committees* are composed of representatives from each section. The two committees make up the Neighborhood Council. *Program Committees* are formed, sponsoring various activities.

Agency and institutional professional leadership acts through the *Operating Committee* which includes all staff working in the neighborhood, the *Technical Committee,* made up of the supervisors of these workers, and the *Administrative Advisory Committee,* composed of the executive directors of all the agencies and institutions interested in the program. Administrative leadership is exercised through the structure of the sponsoring agency, Neighborhood Centers Association. Volunteer leadership functions through Boards and Resource Units which incorporate the Peace Corps concept. Consultative leadership is available through the regional offices of the Department of Health, Education, and Welfare, the Hogg Foundation for Mental Health, the National Federation of Settlements and Neighborhood Centers, and the Community Council of Houston and Harris County. We are particularly indebted to the National Institute of Mental Health, not only for its consultative services but also for making available special consultants in the beginning stage of the program. We also have a special debt to the Hogg Foundation for Mental Health for its encouragement and faith in all of the agency's experimental work.

The methodology for this program evolved from our experience. The development of neighborhood leadership, the orientation and involvement of agencies and institutions, the development of staff, and the orientation and involvement of volunteer technical and professional resources—in short, the four processes which have emerged as the basic tools of the program, were not preconceived. However, the activities and relationships through which these tools became established were firmly rooted in three basic principles.

First, all people have aspirations and abilities, even if latent, which can be developed. Second, specialized services, whether they be preventive, therapeutic, or rehabilitative, are most effective if they are introduced when people have recognized a need for them and expressed a desire for them. Third, culturally deprived people need supportive relationships in order to respond to opportunities for developing their abilities, realizing their aspirations, and achieving their goals.

Based on these three principles, the method of work becomes a learning experience for all elements. We have found that this program develops in four stages which must be experienced by all elements as they become involved in the program—the stage of demonstration, the stage of decision, the stage of supervision and guidance, and the stage of functional operation.

The creating of a vision in the minds of the people who are to be involved is the objective of the stage of demonstration. *Neighborhood residents* acquired a vision of an improved neighborhood environment through three neighborhood self-help projects. The hoped-for vision for neighborhood leadership became evident as neighborhood leaders expressed pride in their work, the improvements in the condition of the neighborhood, and in the relationships which had developed among families.

Staff developed a new image of culturally deprived people as a result of their experiences working alongside the neighborhood people in their projects, and realized that they had underestimated the interest and the potential abilities of the residents.

Neighborhood and community agencies and institutions saw hope for improvement in the lives of individuals and families in Clayton Homes as they saw a method of work evolving which appeared to have potential for integrating the efforts of all of the neighborhood and community agencies and institutions in a supportive role to culturally deprived people who were working to enrich their own lives.

Lay leadership of the Neighborhood Centers Association

Board and boards of other agencies acquired a vision of the potential of the Neighborhood Development Program through their staff members involved in the demonstration stage.

Volunteer leaders have not yet become involved in the program. However, the vision of developing human potential is spreading to them as they come in contact with persons involved in the program.

The purpose of the second stage is decision-making and commitment to the program. Each element makes decisions regarding the method and degree of involvement. With each decision, the total program assumes new strengths and new perspectives.

The *neighborhood* made its first major decision at a meeting of neighborhood leaders and residents following the three demonstration projects. By unanimous vote those present made the decision to *sponsor* a broad neighborhood self-help program for *all* of the families rather than a neighborhood settlement program for those taking membership in the program. They went further than expected. They named the program. Many names were suggested. "Neighborhood Improvement" and "Neighborhood Development" received the most serious consideration. "Neighborhood Development" was accepted because it seemed to suggest that the neighborhood was all right but that conditions could be changed if they chose to change them.

The Neighborhood Centers Association, its administrative personnel and Board of Directors, have made many decisions concerning the Clayton Homes Neighborhood Development Program. The decision to explore the method of work was made reluctantly. Three years later the Board of Directors expressed its faith in its initial vision by voting to continue the method of work in Clayton Homes and to seek funds for demonstration purposes and for research.[2]

In the summer of 1962, administrators on the Administrative Advisory Committee decided to participate actively in the program, to aid in its development, and to explore their related supportive roles. They established channels of operational procedure and voted to "work through the Program Director of the Clayton Homes Neighborhood Development Program when planning services for Clayton Homes families."[3] They further voted to "withhold new services or new approaches to services already offered in the neighborhood until the neighborhood requests and is prepared for this action."[4]

In December, 1962, the administrators from twenty-one different agencies and institutions decided to accept a tentative plan for the refinement of the method of work in Clayton Homes and to plan for testing it in two other neighborhoods.[5]

Staff workers make an intellectual and professional commitment based on the philosophy and the method of work as observed in action. Following actual involvement in the Neighborhood Development Program there comes a point of decision which requires *total commitment-total dedication* to the philosophy and to the method of work. Without this decision, staff workers find themselves unable to accept the demands and frustrations inherent in the Neighborhood Development Program.

Thus, by the close of 1962, three of the four elements had made key decisions, providing new dimension and new perspectives to the total program.

Volunteer workers in the Resource Units must face a two-stage process of decision similar to that of staff. After their initial decision to *give* their time, skill, ability, and interest, they must then decide whether or not they can accept the supportive role and careful timing inherent in this method of work.

A decision by each element to participate in the Neighborhood Development Program is a must as a foundation for involvement in the stage of *supervision and guidance.*

It is easy to consent to do what one sincerely believes is good and right. It is not so easy to move in a direction or in a manner which isn't consistent with one's usual pattern of thinking, feeling, and acting. When all four elements of the program are asked to do this—despite vision, strength, skill, and determination—there are many times when some, or all, of the elements are "out of step." This is understandable when we consider their respective situations as they enter the program.

Neighborhood residents are unlearning ten years or more of dependency patterns, years influenced by expectations of "getting" from many agencies, institutions, and individuals. Administrators, supervisors, and workers of agencies and institutions must on occasion shift mental and emotional gears from highly disciplined professional behavior patterns, sometimes directive and even authoritarian, to patterns more consistent with their supportive roles. They must sometimes move out from protective office settings to direct participation in the neighborhood experience.

Neighborhood workers who may think of themselves as "recreation workers," "counselors," "teachers," or "program planners," must become multi-purpose workers, ever conscious of the total interests and needs of the neighborhood. Volunteers who understandably find great satisfaction in recognition of their particular skills and who have been praised by their associates for their willingness to "do for" less advantaged groups and individuals, find that their accepted standards must give way to a new approach, geared to developing confidence in the neighborhood residents through quite different methods and standards.

Through on-going supervision which is objective, sensitive, creative, sometimes supportive and sometimes restraining or blocking, the elements begin to develop the perspective, attitudes, and habits essential to the purpose of the program.

During this period the human element is obvious in the constantly changing interaction of the program elements. Frequently individuals arrive at points of conflict between their personal or agency interests and the needs of the Neighborhood Development Program.

In such developmental situations as these, supervision is exercised through individual and group conferences and meetings with the Program Director responsible for the management of the Neighborhood Development Program. Together the staff and the other elements involved restate and reinterpret the objectives and processes of the Neighborhood Development Program as well as the level of commitment involved. The participation and achievements to date are evaluated in terms of the long-range goals and purpose, and plans are made for the next step.

This guidance process is supported and shared by the interaction and development of all elements.

The stage of on-going, functional operation in the Neighborhood Development Program begins when an element has moved through the basic stages of demonstration, decision, supervision, and guidance. At this point, individuals are able to function effectively in direct relationship with other elements, accepting the respective roles of all elements, maintaining their own roles, and adapting to change.

In the *operational stage* we discover that each of the previous stages continues to be a part of our experience. New visions emerge, new decisions must be made, guidance continues. However, the chief characteristic of the operational stage for any element is that of CHANGE. Individuals grow and develop, families move in and out, as do volunteer and staff workers, and even agencies; crises arise; commitments change; interests, needs, attitudes, and concerns of persons and agencies develop and change. All elements are involved in ever-deepening relationships through the recurring experiences of education, communication, participation, achievement, and evaluation. Supervision and guidance are important during this stage to maintain the most creative balance of the processes in the program. The nature of supervision is more motivational and supportive than in previous stages.

There has been no formal program of *evaluation and research* to date in the program. However, a research consultant has been available to assist staff in the use of evaluation as a developmental tool.

Since the success of the program is dependent upon the effective interaction of all four elements—neighborhood leadership, community agencies and institutions, staff workers, and volunteer resources—results must be measured in terms of the *change* this brings about in the neighborhood. Two types of change must be considered: (1) change in attitudes and feelings regarding values, social isolation, crime and delinquency, and perception of the future; and (2) change in the tangible effects seen in the areas of education, economic standards of living, health, crime and delinquency, and social responsiveness and responsibility.

We recognize that a formal program of research and evaluation is always helpful in a program which seeks to explore and develop a method of work—helpful to those involved in the program and also to other groups. Our problem at this point is to determine how research may be introduced into the neighborhood with respect to the basic premise that no service is introduced into the neighborhood without the expressed interest and consent of the neighborhood.

We feel that this can best be accomplished through a research worker (a multi-purpose research worker) who, for an interim period, goes into the Neighborhood Development Program and, through his experiences and relationships in the neighborhood, determines the best way to introduce research in the neighborhood, develops appropriate instruments and methods, and helps prepare the neighborhood for the research process. We have not yet found the person for this role, nor the funds to finance this approach to research.

Intuitive observation and the accumulated data on some of the activities resulting from the efforts of the neighborhood committees in the areas of education, health, and citizen participation indicate that there has been growth and change in the neighborhood during this four year period. Election committees have worked in three annual elections of adult leadership. In 1964, 85 per cent of the families made nominations, 90 per cent of the families voted. The Youth Leadership Committee has had two elections. In 1964, 80 per cent of the youth made nominations, 87 per cent voted.

The Health Committee planned and executed an intensive campaign which resulted in 97 per cent of the residents taking oral polio vaccine. Three hundred and twenty-four persons were x-rayed in a mobile tuberculosis clinic in the neighborhood in a three hour period.

Through the efforts of the Kindergarten-Readiness Committee *all* kindergarten children have, for four years, met requirements and been enrolled by the first day of school.

The elementary school, which formerly ranked at the bottom of the list in attendance for white schools, is 26th from the bottom in 1964.

The Housing Authority in previous years was held responsible for all problem-solving. "Housing ought to keep the grass cut . . . make that woman do something about her children . . . do something about those teen-agers." Comments now are, "We need to plan for the children . . . how can we help that family . . . we ought to plan a regular time for beautification . . . the youth will cut grass for the old people and at the vacant apartments."

We plan to test the neighborhood development method in two conventional neighborhoods. Clayton Homes will be used as the Neighborhood Development Laboratory, serving as a training ground for workers and as a testing ground for new dimensions of the program. Two Neighborhood Development units of two hundred and fifty families each will be established in geographic areas of the conventional neighborhoods.

The one Neighborhood Development Program staff will be composed of three multi-purpose workers with skills in community organization, one working in each unit; six multi-purpose workers with skills in one of the special areas—education, health, employment, homemaking, recreation, and creative arts—who will work in and out of all units; and the staff of community agencies and institutions working in the Neighborhood Development Program.

Administrators of the agencies interested in the program will continue to serve as the Administrative Advisory Committee.

Supervisors giving *technical supervision* to the specialized service workers and to the program will be members of the Technical Committee. Volunteers serving in any area of the program will be members of the Resource Units.

In conclusion, I would like to quote Richard W. Poston, who defines Neighborhood Development. "It is an art in which emphasis is continuously placed upon the over-all quality of community life instead of on any particular specialization or project. It is an operation in which all improvements are viewed and carried out in such a way as to make each one of them instrumental in developing an environment in which better problem solving habits, enriched human relations, and vigorous civic action are dominant characteristics."[6]

And I will also quote the chairman of the Adult Leadership

Committee in the neighborhood who tells us the *how* of Neighborhood Development:

> "Give us the tools,
> show us how to use them,
> and *we* will do the work."

FOOTNOTES

[1] National Federation of Settlements and Neighborhood Centers, *Dynamics of Citizen Participation,* Based on Workshop on Citizen Participation held at Michigan State University, East Lansing, Michigan, September 12-21, 1957 (New York: National Federation of Settlements and Neighborhood Centers), p. 4.

[2] Minutes, Neighborhood Centers Association Board of Directors Meeting, September 12, 1962.

[3] Minutes, Administrative Advisory Committee Meeting, July 27, 1962.

[4] *Ibid.*

[5] Minutes, Clayton Homes Neighborhood Development Project Administrative Advisory Committee Meeting, December 4, 1962.

[6] Richard W. Poston, "Comparative Community Organization," *The Urban Condition,* ed. Leonard J. Duhl (New York: Basic Books, Inc., 1963), Part IV, 318.

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Report of Projects

The social settlement movement traditionally has devoted itself not only to experimental efforts to arrive at solutions to problems of the immediate neighborhood, but also allied itself with other social institutions and with other formally or informally organized groups to study and improve basic conditions that adversely influence the lives of all people. Fifty years ago, Jane Addams expressed it thusly: "The Settlement, then, is an experimental effort to aid in the solution of the social and industrial problems which are engendered by the modern conditions of life in a great city."[1] The following brief resume of programs underway or recently completed by settlement houses and neighborhood centers, reported by conference participants, suggests that Miss Addams' philosophy is still a guiding force in the social settlement movement today.

1. *Baden Street Settlement* (Rochester, New York)

   In 1957 the Settlement developed a Volunteer Case Aide Program in which some 250 volunteers are now used in many capacities but principally in tutoring school age children who present educational problems and in visiting families who are classified as "hard-to-reach." (See Miss Murray's paper in this conference report for details of the program.)

2. *Christamore House* (Indianapolis, Indiana)

   For the past two and one half years the settlement, the Family Service Association, the Social Service Department of the Indianapolis Schools, and the Probation Department of the Juvenile Court have collaborated in an effort to provide more effective service to a group of "multiple-problem" families in a neighborhood. No staff was added by the agencies and thus the number served has been limited. The case conference method is used, with the settlement providing the coordinator. The reporter believes the method is successful at the administrative and supervisory level and is useful in obtaining a quick, accurate social diagnosis as well as in assessing the effectiveness of treatment. At the worker level, meaningful collaboration is "sometimes difficult, even painful," to achieve. It is the reporter's observation that many of these families are unable to accept intensive casework treatment at any given time and casework agencies may find their efforts rather unproductive. Yet families need and use "standby" or supportive services. "But we are coming to realize that for most of these families it is a long-time process with periods of remission between periods of marked gains," added the reporter. Lack of certain community resources is a serious draw-back and one of the objectives of the case conference is to publicize these gaps in service to the larger community.

3. *Friends Neighborhood Guild*
   (Philadelphia, Pennsylvania)

The settlement, with a Department of Health, Education, and Welfare grant and in cooperation with the

Housing Authority, developed two demonstration projects to upgrade the housekeeping standards of residents in imminent danger of eviction by the Authority. (See Mrs. Guinessy's paper in this conference report for detail of the projects.)

4. *Germantown Settlement*

   (Germantown-Philadelphia, Pennsylvania)

   The settlement, located in an area that has been deteriorating for a decade or more, has been engaged in many efforts to relieve the stresses affecting families. As far back as 1954 the agency entered into a contract with the Urban Renewal Department to provide certain professional services to families living in an area. This offered an excellent opportunity to mobilize the resources of other agencies in behalf of many "problem families" uncovered in the course of the Settlement's intensive work with Urban Renewal. Recently the Settlement has developed a program in cooperation with an elementary school to work intensively with boys ages 8 to 11 years who are referred as presenting serious school problems. "We are just beginning and we do not know where it may lead us. From observation of similar programs, however, our hypothesis is that we must begin work with these boys at an early age and we must involve their families to the fullest extent possible if we are to intervene successfully," said the reporter.

5. *Hudson Guild* (New York City)

   The center operates in several locations in the New York Housing Authority and offers a variety of services to all age groups. It has a long history of collaboration with tax supported services, which is described in some detail in *Neighborhood Centers Today.*[2] At the conference the reporter told of two current emphases: (1) a special program for mothers of young children, called Ladies Day Out, in which women who seem unrelated to any out-of-home interests, even friends, are encouraged to make use of the agency's services through an informal, non-structured program where they may relax, enjoy activities that appeal to them, and hopefully will seek professional help with their problems, particularly in child rearing; and (2) a community organization program to assist the diverse social, economic, and cultural groups of the area to interact, relate, and communicate with each other around common interests. The reporter said, "This latter emphasis has shown encouraging results in terms of successful community meetings and committees, attendance at club groups, participation in athletic events, etc. The Ladies Day Out has certainly involved women formerly isolated, but we know it has not reached as many as it should. It takes constant reaching out to adults of the lower class and particularly those of minority groups. They have had no experience with social agencies and often have completely erroneous ideas as to what our real intentions are and what services we have. We must interpret and reinterpret the agency to them."

6. *Huntington Family Centers* (Syracuse, New York)

   The agency, which describes its program as "family group work," has two locations, both in relatively low-income areas. Priority is given to families with young children. For a detailed account of its multiple services see *Neighborhood Centers Today*.[3] Obtainable from the agency is a report of its recently completed demonstration project with problem families entitled, *Multi-Service Project for Troubled Families*. At the conference the agency reported on a current school-agency cooperative project with "psychological school dropouts"; that is, children who are potential dropouts. Said the reporter, "Originally we planned for 9 to 12 year olds, but we have lowered the age to seven to nine year olds and their parent or parents because we believe it is possible to identify the potential dropout this early. The earlier we intervene in the situation, the better our chances of success." Parents must give permission for the child to be included in the agency program, and likewise must agree to attend parent meetings. A group worker and a teacher are in charge of the children's bi-weekly group meetings while a family worker is responsible for the individual and group meetings with parents. The reporter added, "It is important that parents have a close alliance to the project. It is their child and they have rights which we must respect. But at the same time we need to cultivate their awareness of the parental responsibilities that are concomitant with their rights."

7. *Edward F. Waite Neighborhood House*
   (Minneapolis, Minnesota)

The agency reported on a program in collaboration with two neighborhood elementary schools to work with families and their children who are presenting school problems. In most instances the families are known to several agencies and the center has taken some responsibility for coordinating the work of the agencies through periodic case conferences. Center staff (part-time employees who are undergraduate students and pre-social work majors) work with the children in small groups and also visit their homes. The school social worker takes responsibility for initial contact with the parents, but the project supervisor has extended discussions with them about the purposes of the program and sees them periodically to discuss progress. The reporter said, "From our experience thus far we are convinced that we must involve parents from the outset and let them know they are partners with the school and the agency in helping their children. When time permits, we intend to use group meetings with parents as an added feature of the program."

8. *United South End Settlements*
   (Boston, Massachusetts)

The Community Service Center of the United South End Settlements is in its second year of a tutoring program for neighborhood children who are lagging in school performance. Children between the second and eighth grade are tutored for one and one-half hours weekly by volunteers drawn principally from nearby colleges. The reporter added, "We had publicized the program widely in advance and had encouraged parents to apply for their child. In many of the more serious cases this did not occur and so we visited the parents, familiarized them with the service, and confirmed their agreement to having their child enrolled." The agency's ultimate goal is to encourage the Boston schools to adopt this program in schools where the dropout rate is high, and plans for a school-sponsored tutoring program are now being discussed by the School Board. Tying into the tutoring program has been a community organization project of a field work student from a local school of social work. She visits the parents of the children enrolled in the program and has organized them into a weekly discussion group focused on school problems. The reporter said, "A good education for their children is a strongly felt, though often vaguely understood, need on the part of most of our parents and has been a better focal point for generating community discussion than any we have found thus far."

A more complete account of this team program in a public housing project, including casework with families, is available from the Community Services Center, United South End Settlements, 21 Msgr. Reynolds Way, Boston, Massachusetts 02118. Its *Third Evaluation Report* was published in 1964.

9. *Cincinnati Union Bethel Neighborhood Services*
(Cincinnati, Ohio)

The agency, operating neighborhood services in three neighborhoods, has devoted considerable time recently to defining the purposes and goals of casework, group work, and community organization in a neighborhood center and for establishing criteria for measuring the effectiveness of these services. Those interested in examining the material may write the agency for its reports. At the conference the agency reported on a dropout prevention project which has been initiated in cooperation with the Health and Welfare Council, the public schools, and the Cincinnati Recreation Commission, with funds from a private foundation. At present 35 junior high school children who have been identified by the schools as potential dropouts are enrolled. The number will be increased substantially if a federal grant is obtained from the President's Committee on Juvenile Delinquency. "In addition to counseling with the students and their families, we will develop after-school and weekend work opportunities where the children will earn spending money, learn simple job skills and work disciplines," the reporter said. The agency also has initiated a tutoring program for third graders in one school who already are behind in their classroom work. "We think this is an ideal role for volunteers who can give an hour or so a week. If we can help youngsters catch up educationally before they lose too much ground, we believe both they and their parents will develop a positive attitude toward school attendance and achievement and reduce discouragement, frustration, and hostility which are so much a part of the adolescent dropout's attitude and, often, of his parents too."

10. *Syracuse Public Housing Authority*
    (Syracuse, New York)

    This project, unique in the conference in that it was not sponsored by a settlement, has been developed to identify problem families living in a housing unit and referral of them to community agencies for treatment. (See Mrs. Janet Weinandy's paper in this conference report for details of the program.)

11. *United Neighborhood Houses* (New York, New York)

    A group of settlements and neighborhood centers are engaged in a pre-teen delinquency prevention project financed by the Astor Foundation. (See Mr. Garfield's paper in this conference report for details of the program.)

12. *A. Loring Nicollet Center* (Minneapolis, Minnesota)

    An affiliate of Edward F. Waite Neighborhood House, sponsored by and receiving its principal support from five downtown Protestant churches, the agency reported on a "community psychiatry" approach to family and neighborhood problems. Through the medium of a weekly case conference the efforts of school, church, Center, and other social agencies are coordinated. The "client" discussed in the conference may be an individual, a family, a group at the Center or in a school classroom, or the neighborhood itself. An important member of the case conference is a child psychiatrist whose part-time service to the Center is made possible by the Minnesota Association for Mental Health. The reporter said, "His work does not include treatment of patients but consists of consultation with those who regularly work with the child and his family. In the case conference we have found him very helpful in making participants aware of both external and internal stresses, in providing specific knowledge of appropriate resources and how to use them, and in lending his authority so that all concerned feel secure in cooperating with group decisions. I think one of the most valuable aspects of the case conference is helping the school see the relationship between a child's learning difficulties and the family and/or neighborhood problems that adversely affect him."

FOOTNOTES

[1] Jane Addams, *Twenty Years at Hull House* (New York: Macmillan, 1919) p. 125.

[2] Arthur Hillman, *Neighborhood Centers Today* (New York: National Federation of Settlements and Neighborhood Centers, 1960) p. 187.

[3] *Ibid.* pp. 75-80.

Discussion Groups

First in two committees, then in the total group, conference participants attempted to identify those things which have been learned about services to families who present serious problems, what obstacles or handicaps are encountered by neighborhood centers engaged in such work, what more should or could be done by way of demonstration, and how the effectiveness of work can be objectively assessed or evaluated. Discussion was based on the papers and reports presented in earlier sessions, on material appearing in professional literature, and on personal experience with and observation of such programs.

One committee addressed itself to the subject, "What Is the Problem We Face"; the other to the subject, "What About Organization of Services to Help Families." The limited time available necessarily resulted not in definitive statements or answers to perplexing problems in working with these families, but in questions or issues needing further consideration and clarification in the social settlement field in particular and, perhaps, in the wider field of social work. The neighborhood-based agency has some problems peculiar to its setting, participants agreed, but other types of social agencies as well as other community services are faced with many of the same issues and are finding them hard to resolve.

REPORT OF DISCUSSION GROUP 1

What Is the Problem

The first committee posed two major questions: (a) whom do we and should we serve, and (b) how do we reach our clients? In its report, the committee questioned whether settlements served many of the lower-lower-class families in regular programs, although they have done so often in special projects such as work with street gangs or school dropouts or in collaborative efforts with housing authorities or with public schools. The committee suggested, "Agencies need to know and be able to document who their clients really are, the ways in which they use the agency, and with what results. We operate too much on impressions." And how do agencies define service? "Do we count the family who turns up for Christmas toys or comes in once at a time of crisis? Or do we count only those who have regular membership in an organized activity?" This is an area for clarification, the committee said, because of the frequent use of service statistics for comparative purposes.

The committee also suggested that it would be profitable for agencies to study families who do *not* use the agency and who may be the most needful in a community. A cross-check with school, health, or law-enforcement agencies would help to identify families to be studied in such a project. From a study might come valuable clues as to how agency programs, policies, and practices should be modified to attract and hold this segment of the neighborhood if these families do not use the agency services to an appreciable extent.

The committee further reported that it felt a weakness of neighborhood centers was the tendency to "global statements and global goals. We say we are all things to all people, but are we able to fulfill this role? Do we try to reach these very troubled families with the tools at hand or should we be developing new tools?" The committee proposed that more thought be given by agency administrators to clear a definition of priorities to specific commitments and to the importance of establishing programs in terms of the agency's own capacities and its obligation to the families, the neighborhood, and society. "At times there may be a conflict of interests and, if so, the conflict needs to be recognized and thoughtfully resolved if possible."

Merging into the first major question was the second; namely, "How do we reach our clients?" The committee suggested that perhaps agencies tend to decide on what they believe to be major community problems or needs and so seek out or attract only the families or individuals who are already congenial to these ideas. Is this a "cart before the horse" approach and one which automatically may eliminate from agency participation those families who need the agency services most urgently but who see other problems as of first importance? An example: a center in an interracial neighborhood decided that its summer camp should maintain a racial balance. The agency believed it has been successful in explaining its philosophy to the community. Negro applicants far exceeded white and in order to carry out its policy, the camp operated with vacancies when not enough white applications materialized. Later the agency learned it had created ill-will among a large number of Negro families who took the position that it was more important to give deprived Negro children a camp experience than to operate a racially integrated camp, however desirable the concept of an integrated camp might be.

The committee thought that difficulty in communication between agency and clients sometimes reflects failure to understand the culture of those whom the agency seeks to serve, but it also may be related to either a failure to consult people about what they regard as problems or an inclination to underplay the importance of these problems at the expense of certain "dearly-held democratic concepts" such as was illustrated in maintaining an interracial balance in the camp. Communication between agency and client is a fruitful one for further study, the committee believed.

The committee looked at the subject of motivation. "Is it true that there are unmotivated people, or is motivation present but blocked, sometimes so seriously that these people cannot be helped to establish a meaningful connection with society through the services available in a neighborhood center?" The committee noted that the term motivation is used freely but its dynamics probably are not well understood at this point in time.

Traditionally, settlements have regarded themselves as a connecting link or channel between the client and society, "which we believe we represent in the broadest sense." Realistically, the settlement is an instrument of middle class society with its particular set of ideals and value judgments. "Do we represent society's compassionate concern for the disadvantaged or do we represent society in its role of control agent in protecting certain widely held standards? Is there a dichotomy here or are the two roles compatible?" the committee asked as its final question.

In the group discussion of the above report a number of points were brought out, some of which were readily agreed to but others warmly debated:

1. Is a major part of an agency's problem in establishing the multi-problem family as the "prime target" the fear of results? "These are high-risk cases, they are expensive, often the results are nebulous or negligible. Are we ready to take on a preponderance of cases in which we know we may not be able to show results?" asked one participant. The group agreed that if an agency reaches a decision to

serve multi-problem families it must be prepared to face difficult interagency problems such as workers' discouragement, alienation of neighborhood clientele who need and already use the agency, adverse board reaction, and high costs.

2. Budget pressures are perhaps the hardest to face, most participants believed. "Society may want agencies to work intensively with multi-problem families but is society, in the role of the community chest budget committee and the agency board, ready to pay for it?" asked one participant. Chests' inclination to examine unit costs, particularly in the absence of accepted standards of cost for work with multi-problem families, is an obstacle. "But do we permit ourselves to be trapped by not openly admitting the expense of such service, by making unsupported claims as to probable success with these families, by passively accepting chests' practice of using agency membership rather than the total neighborhood as a base-line for allocations?" The question of chests' and councils' commitment to the value of work with multi-problem families should be explored in conjunction with other agencies which are having similar experiences in attempting to focus on problem cases.

   One participant suggested that emphasis on fee-charging be included in the explanation. "Fee-charging isn't compatible with a focus on service to seriously disadvantaged families. Often they have no money, but even if they could pay token fees, the principle behind fee-charging is quite foreign to them. Drumming on fees is apt to move agencies toward families who can pay, not necessarily those who need service." Others noted Red Feather drives usually imply that the community is being asked to contribute to "the unfortunate poor," though the budget committee's policies may operate against this kind of agency clientele. There have been isolated studies estimating the long-range financial burden to society imposed by multi-problem families. If more extensive and widely publicized material were made available, it might be helpful in terms of budget pressures. In this same connection, studies should be made to establish reasonable cost norms for work with such families. In the absence of such standards, too much blame cannot be attached to boards or funding bodies which become alarmed by the costs.

3. Too little is known about lower-lower class families because they tend to live in almost total isolation from the community, participants agreed. One may observe their failure to conform to accepted standards of the dominant society. Many sociological theories are advanced, but social work itself has little practical experience to fall back on in terms of appropriate policies and practices. It is evident, however, that many of the usual techniques employed by agencies are not effective with the lower-lower class. The question becomes: what modifications in policies and methods will be more successful? And what should be set as reasonable goals for these families? Commonly such things as economic independence, respect for law and order, or adequate education are mentioned. Yet economic independence, for example, will not be achieved by many of them, and in the case of adults a functional education may be equally unlikely.

   What accounts for some families, or certain members within a family, being able to break out of the lower-lower class or seize such opportunities as come their way? The term "motivation," or lack of it, is often used but do we understand these terms in relation to the lower-lower class? The "cultural component" in certain attitudes and conduct is often cited, but how much is cultural in origin and how much is attributable to conditions or experiences quite unrelated to culture? These questions, and others too numerous to record, suggest that conference participants believe there are almost limitless subjects for further exploration if agencies are to have sufficient understanding of the lower-lower class to be instruments in helping them function more adequately in modern urban society.

4. The group talked about agency-client communication particularly in relation to the very deprived family. One participant asked, "I wonder if we regard this client as a

reliable source of information about himself, his needs, and his aspirations? Do we consult ourselves and everyone else before we consult him, if at all?" If this is true, does he not become a "nobody in our eyes and his?" asked another. Abstract thinking or discussion usually is not easy for poorly educated, deprived people because their day-to-day experiences are conducive to reacting to the immediate and the concrete. Communication based primarily on the expression of abstract ideas or concepts, therefore, is apt to prove unproductive. An illustration of this experienced by almost all of the participants is the attitude of families toward education of their children. Parents, however deprived, are sincerely anxious for educational opportunities for their children because they regard education as the "magic formula" to break out of poverty and unemployment. At the same time, they often lack appreciation of such things as regular school attendance, lesson preparation, or the need for school rules and regulations as significant factors in a child's attaining a usable education. Nor is it possible to convey these ideas in the abstract. But it can be done as a worker deals with the parent on specifics; for example, the importance of a child's regular attendance at agency tutoring sessions or use of the study den. Gradually the parent may move beyond the specifics to a more realistic perception of education and what it implies and demands of him and the child.

5. Finally the group, responding to the committee's questions on the settlement as representing society, talked of authority and its constructive use in a neighborhood center. Authority can be used to punish (many clients perceive of only this aspect of authority) and it can be used to help. Indeed, on occasions an agency may use its authority in a way that seems punishing, as in reporting an abusive parent to the Juvenile Court, but its primary use of authority is in the helping role. Because of prior experience, clients frequently are suspicious of anything that smacks of authority or of the power structure, official or unofficial, and they are quite aware that agencies are

part of the power structure. Therefore, they may deliberately avoid any contact with an agency. This suspicion can be reduced by consciously using the agency's power in the client's behalf when a crisis arises. But in so doing the agency should recognize that its use of authority or pressure must be to the end of ultimately modifying conditions that adversely affect people rather than being used simply to relieve one family's problem. "It is not enough," said one participant, "to phone the intake service of public assistance to help a hungry family on the rolls. A call from us will usually accomplish this promptly. But what about other equally needy families who also are caught up in rigid intake policies? Isn't it our job to intervene in a system that creates these hardships?" Failure to identify and act on basic problems, some participants felt, was a fault particularly at the worker level. But agency administrators must consciously provide channels which encourage staff to report community problems as they are reflected in their cases. And the agency, alone or joining with others, should be ready to engage in social action to modify these basic conditions. "Thus it uses its authority in a broad and truly constructive role and clients come to recognize that society is not entirely repressive or hostile in its attitudes and actions," said one participant. Another cautioned that families who had been "brunted about for years" will test and retest an agency's intentions as representatives of a compassionate society. "And more often than not it will be simply an identification with a particular worker who has been helpful in a crisis, not an understanding of the agency as a representative of society," added another.

REPORT OF DISCUSSION GROUP 2

The Organization of Service

The committee reported on two aspects of the organization on structure of services to the multi-problem family: (a) *inter-agency* and (b) *intra-agency.*

In regard to inter-agency relationships, attention was focused on the case conference as a means of mobilizing and coordinating the services of several agencies in behalf of a family. Although case conferences have been criticized by some social workers as being time-consuming and by others as being nonproductive as an on-going device, the committee thought that, properly planned and staffed, the case conference had been used effectively in many communities. The major obstacles to its success have been when the agency assuming the leadership role has not recognized the amount of time involved by the staff member who serves as coordinator and also the failure of participating agencies to report promptly significant developments in the family.

The committee believed that there are values in the group work agency staff serving as coordinator. Located as it is in the neighborhood, the center staff may be the first to know of an important change in the family's circumstances and thus be able to call a case conference promptly or phone the appropriate agency worker. Furthermore, group workers understand group dynamics and can use their skill in chairing the case conference itself. But, warned the committee, the case conference per se accomplishes little unless participating agencies regard it as only a step in the diagnostic and treatment process. "The case conference is not an end in itself, but the means to an end."

The committee reported that one settlement executive who had considerable experience as coordinator of a case conference described the elements of the process as follows: structured communication, group arriving at a diagnosis, assigning of responsibilities among the agencies, directing the service, inviting resource people in to the conference as needed, making sure that each participant knows he has a contribution to make in helping the family.

The committee further noted that the group work agency sometimes may act as the "initiator of a coordinated approach" to a given family or a group of families, when it is not appropriate or possible to continue in the leadership role. The group worker's skill in group dynamics still is useful as a member of the case conference.

The committee believed that as the "War on Poverty" gains momentum, neighborhood centers may be expected to play an aggressive role in encouraging other agencies and community services to devote more attention to hard-core families, as well as to direct more of their own resources towards these families. The committee asked whether settlements have the prestige among agencies and in the community to assume this role. Yet, realistically, what agency or organization is better prepared? Settlements usually are located in the most disadvantaged areas of a city. Staff know the neighborhood people, the world in which they live, the stresses they feel and how they cope with them. The settlement movement has always been identified as being on the "front line of social blight" and it should not hesitate to assert its expertise and authority of knowledge in these matters. "Perhaps," said the committee, "our very awareness of the complexity and depth of the problem makes us hesitant to offer suggestion or enter into the kind of plans that are sometimes proposed by agencies, organizations, or individuals that are less knowledgeable than we. But we have an obligation to put our knowledge into constructive planning and action."

The committee talked about the advantages and disadvantages of the "super-agency" as a structure to provide most if not all the services needed by multi-problem families. Many, indeed most, neighborhood centers are multi-function agencies and some have a wide variety of programs ranging from full-time mental health clinics to day care centers for children of working mothers. The trend is toward having case workers as well as group workers on the staff and of using psychiatrists, psychologists, educators, and sociologists as consultants or as full- or part-time employees. But a multi-function agency is different than the "super-agency" which is often proposed as the "ideal structure." The latter is a federation of several neighborhood centers, each of which may be multi-function, under a single board and a single administrator. It has the advantage of being more powerful in the family of agencies; it is presumed to be more efficiently operated, and in a better position to raise funds. The committee speculated, however, as to whether the "super-agency" did not run the risk of becoming both "cumbersome and amorphous" and eventually of losing its appeal to contributors and its identity in the community. The committee noted that Ogburn had said the pattern of social services went through a three-stage cycle of innovation, proliferation, and consolidation. But when the agency becomes too large or too expensive then the cycle may start over, the committee believed.

An alternative to the "super-agency" is central quarters for several independent agencies which together can provide a variety of services; for example, an outpost of the City Health Department, an outpost of a family agency, a day nursery, a branch of a settlement, etc. In this pattern each agency retains its own identity, develops its special skills and services, but works in close cooperation and with a sense of common direction—"something easier to propose than to achieve," the committee admitted.

The committee noted that in addition to a multiplicity of services, the seriously deprived family usually requires a continuum of services. This may involve an agency's internal programming (for example, the group work department providing an after-school program for six-year olds who have "graduated" from the day care service) or it may require sensitivity in using other agencies (for example, the adolescent who has made maximum use of the agency's "dropout" program and now needs a period in a sheltered workshop before seeking regular employment). "If we expect to help these families we must recognize that we are entering into a long relationship with them because their problems usually do not respond to service provided at one given point in time."

Insofar as intra-agency structure for coordination of service is concerned, the committee concentrated on two points; namely, record keeping and intake policies. In keeping records the committee thought it desirable to have a central index or registration card on which is noted all agency-family contacts.

But in addition there needs to be a cumulative family record maintained by the caseworker. Other staff send periodic reports on the family members which the case worker uses either in full or in summary, depending upon the significance of the contact. This record serves as the basis for staff conferences. Smaller agencies may be able to do more by way of informal and verbal exchange of information between staff but when many workers are involved it is imperative to have a structured plan of written records and case conferences to insure reasonable intra-agency coordination.

The committee said, "The intake policy is the key to the agency's internal structure." If it is focused on multi-problem families, then much of the service may be outside the building. If it is an "open door" policy with the initiative for involvement remaining principally with the client, then the present structure of organized groups which are agency-housed is probably suitable. The committee noted, however, that even when the activity is outside the agency care should be exercised to see that "stabilizers are included in the activities to provide role models." Group workers know the importance of providing role models, and it is relatively easy to achieve in an organized group within the agency but becomes difficult when the agency elects to go out and met the client on his home grounds and on his own terms. "We have much to learn about effective intra-agency structure and method if we intend to make this kind of family our target group," the committee said.

Finally, the committee stressed the importance of staff time to plan carefully for the coordination of services and for the best utilization of staff, volunteers, indigenous leadership, and other disciplines that may be involved in giving service to families. The committee believed planning is often neglected in the press of immediate duties. Agencies should use such devices as annual program plans, clear-cut advanced staff assignments and periodic progress evaluation of plans. Carefully developed plans and periodic assessment of them become even more important when the agency chooses to work with the multi-problem family where much of the staff activity may be outside the agency, using methods and techniques that are less subject to the usual professional or agency controls. "Otherwise," the committee warned, "we run the danger of being all over the lot and, in some instances, of staff members working towards diametrically opposed ends on specific neighborhood problems or needs."

Discussion

The group immediately picked up the committee's point that an agency's intake policy was the key to its internal structure. Indeed, the only direct reference to the matter of the organization of services was the comment of one participant who suggested that the trend toward consolidation of several small agencies had the advantage of being able to employ staff with various skills and deploy them as needed in the various branches. The organization of services might be an appropriate subject for another conference to which would be invited executives and board members, participants thought.

But among participants of this conference the critical and troubling issue was expressed by one participant who said, "Our basic problem is finding an answer to the questions of what a neighborhood center's role should be and on whom we should focus our service. Once those questions are answered, the matter of structure, methods, and techniques will be much clearer."

Much of the subsequent discussion was essentially a restatement of points made in connection with the first committee's report or an elaboration of them through further discussion. New points brought out were:

1. The intake policy or focus of service necessarily must be related to such things as availability of staff, finances, and type of neighborhood. It becomes, then, a decision for each agency in the light of these and other considerations. There is little question, however, that in general the settlement field is directing more service to the seriously disadvantaged family and this trend is consistent with the tradition of the social settlement movement.
2. A persistent and unresolved question in the minds of participants was whether the above trend requires major changes in the techniques and methods usually employed

in group work agencies. All agreed that it implies less agency-based activities, that it necessitates closer relationships with community services which impinge upon the lives of people, that it requires more by way of social action. But beyond these obvious things, what other modifications in methods and techniques are required?

3. Participants recognized that even within this small group there is little agreement or understanding as to the characteristics of the lower-lower class as against the multi-problem family. Said one participant, "These terms are being used interchangeably. I do not think the term multi-problem family is synonymous with the term lower-lower family, though I think most and perhaps all lower-lower-class families are multi-problem. For example, from my own experience, I doubt that a lower-lower-class family would become involved in a school boycott. To me, they seem far too uncomfortable in an organized effort and feel much too hopeless about their own or anyone else's ability to modify present or future conditions. I think you would find multi-problem families of the upper-lower class who, though they would not be leaders in such a movement, would join in a community effort to meet a recognized need. The lower-lower-class families I have known simply don't join in any community affairs, not even storefront churches.
4. The participants raised the question as to whether an agency's intervening at the time of a crisis was effective in establishing rapport with the family. Most felt that it offered an "opening wedge," but that the process of helping a family towards acceptable patterns of living or working through serious and persistent problems was both slow and continuous. Others thought that some families resent agency intervention at times of crisis and that it even could delay a meaningful relationship unless handled with great care.
5. Flowing from the above point came further discussion on "appropriate goals" for multi-problem families. The participants agreed it is unrealistic to anticipate that these families will embrace all the standards of middle-class

society. But are there certain "minimums" that social workers have an obligation to work towards; for example, looking for work or sending children to school? Is there a danger that social workers may magnify or become so caught up with "small gains" that they will ignore the need to help families solve basic and serious problems which will continue to interfere with their achieving these reasonable "minimums," whatever they may be?

6. What kind of staff is most effective with the multi-problem family, asked the participants. Often the least well trained people are in the positions where they work intimately with hard-core families, such as probation officers, public assistance workers, or street gang workers. Do untrained people recognize the depth and seriousness of the problems of these families and have they the skills to diagnose or treat them? Or is their lack of professional training sometimes an asset in that they do not understand and therefore do not look for social or emotional pathology and so move ahead into a simple but positive relationship?

   In this connection, several participants noted that well supervised and sensitive volunteers often made progress with such families when professionals have failed. They thought at least two factors were involved: (a) the volunteer usually has one or two families and so does not feel the cumulative depressing impact of a caseload of 25 or 30 difficult families, and (b) generally they tend to see positives and not negatives in people. If the latter is a true observation, does this reflect the training offered in professional schools?

   Certainly one key to success is the attitude of the volunteer or worker, trained or untrained, towards the job and towards the families. Said one participant, "Attitude is hard to predict. One thinks a new worker is out-going, non-judgmental, and flexible, and will work well with these cases. But his initial attitude may be eroded under the stress and pressure of the work. He lacks the discipline to stay with the case, to accept calmly the ups and downs, or to exercise firmness when it is required. We need to know the worker well before we use him in such positions. And we need to provide close professional supervision so that he has an anchor to a person who is not emotionally involved. Young workers often over-identify with these families and in so doing unwittingly support the client's own weaknesses, prejudices, problems, or misconceptions. A mature supervisor can help the worker maintain his sense of balance."

Summary
and a Look Ahead

ELAINE SWITZER

Assistant Professor, The School of Social Service Administration, University of Chicago (formerly staff member, Division on Education and Recreation, Welfare Council of Metropolitan Chicago) prepared in consultation with conference leaders

A PERSISTENT SEARCH for what kind of a role settlements and neighborhood centers should play—especially with reference to services to families—has been threaded through the content of each of the conference paper presentations and in the comments and questions. This is an appropriate concern. Historically there has been no settlement prototype. Each settlement has maintained its vitality by remaining closely identified with its neighborhood and by keeping its services flexible to meet the needs of its neighbors. Staff attitudes have traditionally been and need to be such that they permit understanding and respect for the people who live in the neighborhood so that the intent and climate of the service of a particular settlement can be directed to meet particular needs at a particular point in time.*

Neighborhoods change, people's needs change. What service should be given, how it should be given, and when it should be given is a necessary subject of review for each settlement at periodic intervals. When some resolution is made of these issues, goals, long range and short range, can be made explicit and a design for service developed and interpreted. These goals need to be thought through by board and staff in line with the goals of individuals, families, neighborhoods, communities, and society at large.

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* The emphasis in many a neighborhood center on flexibility in program and on the uniqueness of its work has often been strong and special projects have been eagerly developed. But the need for re-testing what others have done, perhaps under slightly different conditions, may be overlooked, and a research specialist at the conference emphasized the need for replication in research and demonstration projects. Staff people should feel they are doing no less of a service if they repeat something done substantially in the same way in one or two other centers.

In brief, the services offered should lessen internal and external stresses for those who need and use the services, and enable them to realize their potential. It is for this reason the services must be meaningful, useful, and in line with the actual needs of those to whom they will be offered.

If service to families is to be a primary goal, attention must be given to ways in which the service will be offered. This seems obvious. What must be equally obvious is that all services offered by settlements must be examined as well. For example, if families are to be the target for consideration, what does this mean for general program and for existing plans for intake, for service by age division, for plans for termination of service, for plans to eliminate or rearrange certain current services?

It has been the customary practice in some settlements to accept for service any individual who wishes to use the service, and to accept any group up to the capacity of room space and staff time to accommodate them. Intake has included those from pre-school age to the aged. It has likewise been the usual practice in many settlements to permit individuals and groups to use the services of the settlement as long as they wish. Many individuals can say they have "grown up" in the settlement. This open-door policy is giving way to clearer definition of purposes, establishing of priorities in programming and giving services with a focus on recognized local needs. This change is reflected in the plans for intake and termination of service to families in the project programs provided by settlements reported at this conference.

What are the service and goal implications for "open membership" and "open-ended" use of service? What implications rest in the plan for the more structured provision of service to families? Can and should the settlement be as clear about all of its services as it is about the services offered in the projects described at this conference? As projects they had definite time spans but many have been absorbed into ongoing programs. Each project by plan had clearly stated objectives including who was to be served, what service was to be given, and how long the service would be given. This implies a well thought out plan which can be described to other welfare service agencies as well as to those who have been selected to receive the service. It also implies evaluation as part of the plan. Adjustment and changes necessary seem to have been instituted consciously. Those who could use the service continued to be served. Those who could not were dropped. Individuals and/or groups that were not dropped by the agency but dropped out of their own accord received follow-up attention. By similar plan, those who needed services not provided by the project or elsewhere by the settlement were referred to appropriate agencies providing the needed service. Professional staff, not always part of the regular settlement, were employed to provide service functions for the duration of the project. Volunteers were recruited and trained to do particular tasks. Family members were served directly or indirectly when service needs indicated the importance of their involvement. Perhaps because the service offered by the projects described at this conference were explicit, the professional and/or volunteer staff could explain their function and could be used accordingly. Where reaching-out was essential, this was done both by paid and volunteer staff. Results of the project were written for study by other agencies and workers. Questions may be raised as to whether the findings are to be used, and whether the services are to be incorporated as a regular part of agency program and the learnings transferred to other parts of service.

Settlements have long prided themselves on being in tune with the residents of the neighborhood they serve. This means having positive lines of communication so that understanding and respect for people is maintained. It means also that neighborhood residents respect and feel comfortable with settlement staff personnel. Settlement staff have an opportunity to learn first hand not only what people say, but how they live, including goals, moral values, and a way of life that gives balance or disorder to behavior for each family member and the family as a unit. When family members find themselves in conflict with each other or with society the settlement worker can only understand what is causing conflict if he or she knows what the family itself believes and feels makes for harmony. This is often different from what life experiences, family background, cultural values, and education, for example, might dictate as harmony for the staff worker himself. The conference papers and group discussions made this clear.

General papers, project reports, and discussion at this conference point up some common reference points for settlements to examine in their effort to serve families. Some of these concerns may be more pertinent to one settlement than another. This is highly appropriate and in keeping with the concept that services to a specific neighborhood need to be tailored to the needs of those residing there. It seems appropriate that these points be summarized as possible areas of examination, recognizing that adjustment, rearrangement, or stimulation of a totally new thought may be more appropriate to a specific settlement than the questions listed on the last pages of this statement.

What is of prime importance is that service given should advance peace, order, and well being of the city now and in the future, as one general paper states it. This paper goes on to say that provision should be made for program research to advance knowledge with a good assessment of how well the stated objectives were achieved, what obstacles were encountered, and some well documented judgments to transmit to the field.

Providing service to families means, as one paper ably points out, families must be seen as interacting systems— ". . . in family-centered treatment, people cannot be separated from the situations into which their personality functions are integrated." This implies that the service and those using the service must be interacting systems also. It is only through this interaction that something happens.

Today's society, as perhaps each day's society for its own time, brings complexities that cause strain and stress for the most able. For those who are burdened with a minimum of resources or a minimum of "know-how" these stresses are intensified. The magnitude of the problem is often "taken on" by the settlement that is in tune with its neighborhood. To sort out how its financial and human resources can be used and stretched is not easy for board and staff. However, to do less than this, to plan in isolation, to plan without regard for the whole and to be drawn into action without thinking through what action is necessary, leaves to chance whether services can be useful. It requires little if any further investment to provide a framework against which to test what was done and how, how much it cost, what was achieved, and what needs still to be done, including how much time, money, and staff is needed to accomplish it.

It seems timely that settlements, as one of the earliest welfare services, stay in the foreground of exploration of programs which will strengthen family life and that they define what kind of service they can give most effectively toward this goal. The kind of a service we offer to families should be made clear to all who want or need to know, including those who use the service, those who want to be employed by the agency, as well as those who want to or should be encouraged to support the agency financially.

What kind of a service we offer or should offer to families obviously has implication for standards of service. But it also has implication for moving with the times and incorporating new areas of knowledge regarding ways to provide service as well as recognizing needs for service. The settlement has responsibility for setting standards and adding to the new knowledge.

To those who say the settlement is hard to interpret, there should and must be a ready answer. One of the great strengths of the settlement in the social welfare field is its ability to provide the service needed at the time it is needed to those who need it. Sometimes this is done directly by the settlement. Sometimes the settlement identifies the need and, by community plan, sees to it that others provide the service because they can provide it best. At any point in time the settlement should and must be able to explain what it is doing, how it is doing it, and for whom it is doing what it does as easily as it can quote its current budget! The settlement must have both long range and short range goals. It must examine its service and practice to know when the goals have been reached or where they have fallen short. It is all of this that permits definition of the settlement, an important welfare service that needs to be understood, used, and well supported.

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Conference participants believed that the following subjects were suitable for and needed further study and/or research:

1. Recognizing that many multi-problem families are from the sociological classification of "lower-lower class," these points might be pursued in the interest of developing better services to them:
    - a. effective methods of communication between professional workers, volunteers, and families being served.
    - b. appropriate goals in working with them individually and in terms of cultural patterns.
    - c. problem of motivation including:
        - (1) identification of needs which have meaning to them and on which they are most ready and able to seek help and participate in solutions.
        - (2) effective techniques and programs for reaching and holding them.
    - d. necessary changes in agency policies and operating procedures.
    - e. problems of staffing in terms of training, supervision, skills needed, morale, etc.
    - f. whether programs must be consciously geared to long-time service.
2. In its on-going program (as against special or demonstration programs) what can and should be the role of settlements and neighborhood centers in working with multi-problem families, including:
    - a. documentation of these families who use the agency, and how.
    - b. documentation of these families who do not use the agency and why not.

In addition to the aforementioned subjects which need further study and/or research, the conference participants offered several suggestions for follow-up by the National Fed-

   c. whether the agency serves as an effective link or channel between families now using it and the larger society so that in time they have been able to participate meaningfully in community life.

3. If the agency elects to place priority on service to multi-problem families and to modify its policies and programs to fit their needs, certain problems are created, including:
   a. interpretation to those segments of the community which now use its services and to whom services may be reduced in the future.
   b. costs and the interpretation of the reasons for higher costs in serving multi-problem families.
   c. methods for measuring the effectiveness of services to them.
   d. involvement of other agencies in providing appropriate service to multi-problem families.
4. If the agency elects to place priority on service to multi-problem families, how can it develop effective internal channels to identify major social problems facing these families and external channels to involve itself with the larger community in seeking solutions to identified problems.

eration of Settlements and Neighborhood Centers:

1. A workshop or conference of agency administrators should be called in order to consider further certain questions in connection with serving multi-problem families that have strong administrative implications, including:
   a. costs in staff time and money in developing programs for these families. (Point 3 above touches on this, but participants felt a group of agency administrators would be in a better position to outline details of study and research needed in this area.)
   b. most efficient internal agency structure for serving these families including:

        (1) kind of records.
        (2) amount of time for and kind of advanced planning and periodic evaluation of results that will be needed.
    c. most efficient organizational pattern of agencies to provide the variety and continuum of services needed; that is, the assets and liabilities of a super-agency, centralized location of a constellation of independent and specialized agencies, an independent multi-function agency.

2. The lack of uniformity in agency service statistics, often used by funding bodies for comparative purposes in the budget process, ought to be examined with a view to the National Federation's developing a standardized system.
3. The National Federation should join with national organizations in other fields serving multi-problem families, notably the Family Service Association of America, and the Child Welfare League of America, in considering how it will be possible to interpret to the public generally and funding bodies specifically the importance of and expense involved in serving multi-problem families. In order to have adequate documentation from the settlement field, however, it will be well for the National Federation to first have called the conference proposed earlier. Conference participants believed the other two national organizations had already developed some data on costs in their fields but felt little if anything has been done in the settlement field.
4. Neighborhood centers should take advantage of the current interest of the Federal government in research focused on the reduction of dependency. This requires mutual respect and collaboration of research and program specialists so that both knowledge and service objectives may be enhanced. The stating of goals for a program explicitly is of value from both research and program planning standpoints. If demonstrations and research are to be productive, there must be a willingness on the part of agencies to make use of results and modify existing practices.

National Federation of Settlements

TRAINING CENTER

Chicago, Illinois

SERVICES TO FAMILIES CONFERENCE

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* Dr. Leonard Schneiderman made reference to this book in his paper and discussion.

** Participants were asked to read these articles, or some of them, in advance, to be prepared for discussion.

The National Federation serves 270 members, operating 375 neighborhood centers in 93 cities. NFS was created to further the ideals of settlements in building better neighborhoods and a nation of neighbors. It carries its "grass roots" program to other countries through its relationships with settlements and community development programs throughout the world.

NATIONAL FEDERATION OF SETTLEMENTS AND NEIGHBORHOOD CENTERS

226 West 47th Street New York, New York 10036

910-64-3